

SCHOOL FEE REDUCTION PROGRAMME (SFRP)

Terms and conditions for school year 2026/27
(for SFRP applications received 01.08.2026 or later)

MUNICH INTERNATIONAL SCHOOL

The MIS School Fee Reduction Programme is a need-based financial aid program aiming at making education at MIS accessible to students regardless of their economic status.

Eligibility

- Student is currently enrolled at MIS or has formally received an offer of admission from the Admissions Office to attend grade 1–12 in school year 2026/27.
- Furthermore, the student's eligibility for SFRP must be established through the completion of a School Fee Reduction Programme Application, which requires the timely submission of detailed family financial information.
- Student's household net worth must not exceed €1.0m.
- SFRP applications submitted prior to 1st August 2026 are subject to terms and conditions valid at that time and cannot be resubmitted.

School Fee Reduction

- School fee reduction is determined by the SFRP table below, which sets school fee cap per student depending on the expected annual household net income in the respective school year.

Annual household net income		Annual school fee cap per student
from	to	
- €	40.000 €	- €
40.000 €	45.000 €	1.765 €
45.000 €	50.000 €	3.529 €
50.000 €	55.000 €	5.294 €
55.000 €	60.000 €	7.059 €
60.000 €	65.000 €	8.824 €
65.000 €	70.000 €	10.588 €
70.000 €	75.000 €	12.353 €
75.000 €	80.000 €	14.118 €
80.000 €	85.000 €	15.882 €
85.000 €	90.000 €	17.647 €
90.000 €	95.000 €	19.412 €
95.000 €	100.000 €	21.176 €
100.000 €	105.000 €	22.941 €
105.000 €	110.000 €	24.706 €
110.000 €	115.000 €	26.471 €
115.000 €	120.000 €	28.235 €
120.000 €	125.000 €	30.000 €
125.000 €	more	no cap

- In addition, school fee reduction is further adjusted to guarantee that annual household net income after deducting school fees does not fall below the household's subsistence minimum ("Existenzminimum"). Number of adults and dependent children in the household are considered to determine the household's subsistence minimum in Germany.
- Refer to the interactive Fee Calculator to explore amount of School Fee Reduction corresponding to your circumstances.
- The SFRP does not cover Application Fees, After School Care fees, Extracurricular Activities, Bus Fees, or any other non-mandatory fees.
- School Fee Reductions are granted for one academic year only and must be reapplied for annually.
- Annual school fee caps and resulting SFRP reductions are calculated as annual absolute amounts and are not prorated or otherwise adjusted due to Late Enrolment Proration or Sibling Reductions.

Application process

- SFRP applications for school year 2026/27 submitted prior to 1st August 2026 have been assessed according to SFRP terms valid at the time of their submission. Re-submissions for school year 2026/27 are not accepted.
- SFRP applications for existing students are accepted on a rolling basis, but no later than 1st March for the upcoming school year. Newly admitted students must submit SFRP application within 4 weeks of the initial offer from the Admissions Office, but no later than 1st May.
- Disclosure of financial information is required. MIS reserves the right to request clarifications and/or additional information to evaluate the application.
- SFRP applications, submitted documents, and decisions made are confidential, with procedures in alignment with the EU General Data Protection Regulation (GDPR) and the respective German regulations.
- Decisions regarding SFRP are final and cannot be appealed.
- Submission of an SFRP application does not automatically guarantee the granting of a school fee reduction.
- SFRP is a rules-based system based on criteria laid out in this document. No other judgmental criteria are taken into consideration.

School Fee Reduction Programme (SFRP) Application:

Please complete the SFRP Application and return it to the MIS Finance Office (sfrp@mis-munich.de), together with the requested documentation.

Name(s) of child(ren) for whom application is being made		
FIRST & LAST NAME	**AGE**	**Grade 2026/27**
A		
B		
C		

Number of Children Supported by the Household:

Parent/Legal Guardian 1	Parent/Legal Guardian 2
Name of Parent/Legal Guardian 1	**Name of Parent /Legal Guardian 2**
☐ Employed by (employer's name)	☐ Employed by (employer's name)
☐ And/Or Self-employed (type of business)	☐ And/Or Self-employed (type of business)

Please, mention below any special circumstances which have a bearing on this application for SFRP: (continue on a separate sheet of paper, if necessary):

Supporting Documentation

To support your application, please enclose all of the following documentation (as appropriate). Documentation in languages other than German or English must be submitted with a certified translation ("beglaubigte Übersetzung") in German or English.

- **An official statement from a tax advisor (Steuerberater) or a lawyer (Rechtsanwalt) – Annex 1 – , estimating:**

  Total annual household net income from all domestic and foreign sources for the period August 1st 2026 – July 31st 2027. The net household income is calculated by deducting income tax/tax on wages, church tax and solidarity surcharge ("Solidaritätszuschlag") as well as the compulsory social security contributions from the gross household income (all domestic and foreign income of the household from employment – including the coverage of school fees by the employer –, from assets – e.g. rental or capital income –, from public and non-public transfer payments – e.g. child benefit ("Kindergeld") – as well as from subletting.

- **Confirmation of Reimbursement of School Fees – Annex 2**

  Based on the review of the SFRP application, MIS may request further necessary information or documentation.

I/we hereby confirm and assure that the aforementioned information is true and complete, that our household net worth does not exceed €1.0 million, and that I/we will inform MIS about any and all relevant changes that might occur after submitting this application. I/we hereby acknowledge that wrong or incomplete information made in this application will entitle MIS to revoke the granting decision and might lead to immediate cancellation of the school contract and supplementary payment even after the school contract has ended.

Place, Date	**Parent/Legal Guardian 1**
Place, Date	**Parent/Legal Guardian 2**

Annex 1 (German version below)::
Certificate of expected net household income

This certificate is issued solely for assessing eligibility under the MIS School Fee Reduction Programme (SFRP).

On the basis of the documents submitted, I hereby confirm that the household _____,
consisting of the parent / legal guardian (or parents / legal guardians)

- _____, born on _____,
- _____, born on _____,

as well as the child(ren)

- _____, born on _____, and
- _____, born on _____, and
- _____, born on _____,

in the period **from 01.08.2026 to 31.07.2027** - according to the current state of knowledge - is **expected to achieve the following net household income: _____**

[The net household income is calculated by deducting income tax/tax on wages, church tax and solidarity surcharge ("Solidaritätszuschlag") as well as the compulsory social security contributions from the gross household income (all domestic and foreign income of the household from employment – including the coverage of school fees by the employer or a third party (e.g. grandparents)–, from assets – e.g. rental or capital income –, from public and non-public transfer payments – e.g. child benefit ("Kindergeld") – as well as from subletting).]

Expected gross household income minus expected taxes and social security contributions = expected net household income

The certificate is based on the information and documents provided by the above household.
The documents have been submitted in electronic form / in the original.

_____ _____

Place, Date **Signature and Stamp of Tax Advisor / Lawyer**

[Attachments]

BESCHEINIGUNG ÜBER DAS VORAUSSICHTLICHE HAUSHALTSNETTOEINKOMMEN

Diese Bescheinigung wird ausschließlich zur Prüfung der Anspruchsberechtigung im Rahmen des MIS-Programms zur Ermäßigung der Schulgebühren (SFRP) ausgestellt.

Auf Grund der vorgelegten Unterlagen bestätige ich hiermit, dass der Haushalt _____,
bestehend aus dem Elternteil / gesetzlichen Vertreter (bzw. den Eltern / gesetzlichen Vertretern)

- _____, geb. am _____,
- _____, geb. am _____,

sowie dem Kind (den Kindern)

- _____, geb. am _____, und
- _____, geb. am _____, und
- _____, geb. am _____,

im Zeitraum vom **01.08.2026 bis zum 31.07.2027** - nach dem aktuellen Kenntnisstand - **voraussichtlich das folgende Haushaltsnettoeinkommen erzielen werden: _____**

[Das Haushaltsnettoeinkommen errechnet sich, indem Einkommensteuer/Lohnsteuer, Kirchensteuer und Solidaritätszuschlag sowie die Pflichtbeiträge zur Sozialversicherung vom Haushaltsbruttoeinkommen (alle in- und ausländischen Einnahmen des Haushalts aus Erwerbstätigkeit – inklusive Übernahme von Schulgeldern durch den Arbeitgeber oder durch Dritte (bspw. Großeltern)–, aus Vermögen – z.B. Miet- oder Kapitaleinkünfte –, aus öffentlichen und nicht öffentlichen Transferzahlungen – z.B. Kindergeld – sowie aus Untervermietung) abgezogen werden.]

Voraussichtliches Haushaltsbruttoeinkommen abzüglich voraussichtlicher Steuern und Sozialversicherungsbeiträge = voraussichtliches Haushaltsnettoeinkommen

Der Bescheinigung liegen von dem oben genannten Haushalt eingereichte Auskunft und Unterlagen zugrunde.
Die Unterlagen sind in elektronischer Form / im Original vorgelegt worden.

_____ _____

Ort, Datum **Unterschrift und Stempel**
Steuerberater / Rechtsanwalt

[Anlagen]

Annex 2:
Confirmation of Reimbursement of School Fees

Employer or Third-Party Details	
Name of employer or third-party	
Address of employer or third-party	

The above-mentioned company or third-party herewith confirms	
☐ **No reimbursement**	☐ **Reimbursement**
We do NOT reimburse for any part of the School Fees associated with the attendance at Munich International School.	We do reimburse for a proportion of the School Fees associated with the attendance at Munich International School for the school year 2026/2027. The amount in € is: for the student(s):

Signature of the Employer or Third-Party

_____

Place, Date

_____

Signature of the Employer of Third-Party