

# SKOOLFONDSAFSLAG/EXEMPTION OF SCHOOL FEES 2025

## TERME EN VOORWAARDES/TERMS AND CONDITIONS:

- VOLGENS WET IS BEIDE OUERS GESAMENTLIK EN AFSONDERLIK VERANTWOORDELIK VIR BETALING VAN DIE VERPLIGTE SKOOLGELD. ONGEAG WIE DIE KIND INGESKRYF HET, TOESIG OOR DIE KIND HET, OF ENIGE ONDERLINGE OOREENKOMSTE EN/OF HOFBEVEL.
- BY LAW BOTH PARENTS ARE JOINTLY AND SEVERALLY LIABLE TO THE SCHOOL FOR PAYMENT OF THE SCHOOL FEES OF THEIR CHILDREN REGARDLESS OF WHICH PARENT ADMITTED THE CHILD, WHO HAS CUSTODY AND THE CONTENT OF ANY PERSONAL AGREEMENT OR DIVORCE ORDER.

Volledige inligting soos hieronder gemeld tesame met die oorspronklik voltooide aansoekvorm, moet binne 10 dae aan skool terug besorg word sodat kwytstelling bewerkling gedoen kan word. Neem kennis dat geen onvolledige vorms hanteer sal word nie. Aansoekvorms moet persoonlik ingehandig word by die Finansiële Kantoor.

In order to process your application for exemption of school fees, we require the following information as well as the original complete application form, within 10 days. No form will be attended to if all information is not attached. Applications are to be handed in personally at the Finance Office.

- Afskrifte van beide ouers se **ID-dokument** / Copies of both parents' **ID documents**.
- **3 Maande** se mees onlangse **bankstate** van beide ouers van ALLE bankrekeninge / **3 Months' bank statements** – most recent statements of both parents of ALL bank accounts.
- **Bewys van inkomste** van albei ouers vir 3 maande / **Proof of income** of both parents for 3 months.
- Nuutste belastingaanslag (IT34) / Latest tax assessment (IT34)
- Indien van toepassing - 'n **Beëdigde verklaring** dat een of albei die ouers **werkloos** is / If applicable a **sworn statement** that one or both parents are **unemployed**.
- 'n **Doodsertifikaat** as een van die ouers oorlede is / A **death certificate** if one of the parents is deceased.
- In die geval van 'n egskeiding - **finale egskeidingsbevel** word benodig / In case of a divorce – **final divorce order** will be needed.
- 'n Beëdigde verklaring as 'n enkel moeder, (ongetroud) geen kontak met die vader het of nie onderhoud ontvang nie / A sworn statement that a single parent (unmarried) does not have contact with the father or does not receive any maintenance.
- Inligting rakende enige **ander inkomste**/ Information regarding any **income other** than salary.
- Indien u jou eie besigheid besit, verskaf die nuutste stel finansiële state / If you are self-employed, provide us with the most recent financial statements.
- **Bladsy 12 moet deur ALLE banke gelys gestempel en geteken word, of daar 'n rekening is OF nie / Page 12 must be stamped and signed by ALL the banking institutions listed on the said page, whether there is an account OR not.**

# EVERSDAL PRIMARY SCHOOL



## APPLICATION FORM EXEMPTION FORM COMPULSORY SCHOOL FEES

To be completed by the Parent / Guardian / Person responsible for payment of the account.

### PARTICULARS OF PARENT 1:

<b>Surname</b>					
First Name(s)					
Initial(s)					
Place of Birth					
Birth date					
Identity number / Passport number					
Income Tax Number (SARS)					
Gender					
Telephone number (home)	Area code		Number		
Fax number (home)	Area code		Number		
Cell phone number (private)					
Personal e-mail address					
<b>Marital Status</b>	Not Married		Married (ANC)		
	Engaged		Married (COP)		
	Divorce		Separated		
			Living together		
Age of dependant children		/	/	/	/
Home Language					
<b>Residential Address</b>	Street				
	Suburb				
	City				
	Postal Code				
How long have you been at this address?		Year		Months	
Owner		Yes		No	
Name of Financial Institution					
Account Holder					
Account Number					
Rented		Yes		No	
Name of Landlord					
Telephone Number of Landlord					
How many people live with you at your home address?		Adults		Relationship	
		Children		Relationship	

Employment Status		Employed	Self-employed	Unemployed	Retired
Name of <b>Current Employer</b>					
Employer's Address	Street				
	Suburb				
	City				
	Postal Code				
Postal Address	Postal Address				
	Suburb				
	Postal Code				
Telephone Number (work)	Area code		Number		
Fax Number (work)	Area code		Number		
Cell phone (work)					
E-Mail address (work)					
Date of Employment	From:	/	/	/	
Your current GROSS Salary	R				
<b>Self Employed – Name of Business</b>					
Type of Business					
Inception Date		From:	/	/	/
Ownership Status		Sole-Owner	Partnership	CC	Company
Business Address	Street				
	Suburb				
	City				
	Postal Code				
Postal Address	Postal Address				
	Suburb				
	Postal Code				
Telephone Number (work)	Area code		Number		
GROSS Annual Turnover	R				
If <b>Pensioner</b> indicate type of Pension	State		Private		
Name of Pension Fund					
Pension Number					
GROSS Annual Pension	R				
If <b>Unemployed</b>		From :	/	/	/
UIF Unemployment Number					
<b>Bank Details</b>	Name of Bank				
	Account Holder				
	Account Number				
	Account type				
	Branch Code				

<b>Vehicle Ownership No. 1</b>	Make of Vehicle	
	Model	
	Year	
	Registration Number	
	Financed by	
	Other	
	Account Number	
<b>Vehicle Ownership No. 2</b>	Make of Vehicle	
	Model	
	Year	
	Registration Number	
	Financed by	
	Other	
	Account Number	

## PARTICULARS OF PARENT 2:

<b>Surname</b>					
First Name(s)					
Initial(s)					
Place of Birth					
Birth date					
Identity number / Passport number					
Income Tax Number (SARS)					
Gender					
Telephone number (home)		Area code		Number	
Fax number (home)		Area code		Number	
Cell phone number (private)					
Personal e-mail address					
<b>Marital Status</b>		Not Married		Married (ANC)	
		Engaged		Married (COP)	
		Divorce		Separated	
				Living together	
Age of dependant children		/	/	/	/
Home Language					
<b>Residential Address</b>	Street				
	Suburb				
	City				
	Postal Code				
How long have you been at this address?		Year		Months	
Owner		Yes		No	
Name of Financial Institution					
Account Holder					
Account Number					
Rented		Yes		No	
Name of Landlord					
Telephone Number of Landlord					

Employment Status		Employed	Self-employed	Unemployed	Retired
Name of <b>Current Employer</b>					
Employer's Address	Street				
	Suburb				
	City				
	Postal Code				
Postal Address	Postal Address				
	Suburb				
	Postal Code				
Telephone Number (work)	Area code		Number		
Fax Number (work)	Area code		Number		
Cell phone (work)					
E-Mail address (work)					
Date of Employment	From:	/	/	/	
Your current GROSS Salary	R				
<b>Self Employed – Name of Business</b>					
Type of Business					
Inception Date		From:	/	/	/
Ownership Status		Sole-Owner	Partnership	CC	Company
Business Address	Street				
	Suburb				
	City				
	Postal Code				
Postal Address	Postal Address				
	Suburb				
	Postal Code				
Telephone Number (work)	Area code		Number		
GROSS Annual Turnover	R				
If <b>Pensioner</b> indicate type of Pension	State		Private		
Name of Pension Fund					
Pension Number					
GROSS Annual Pension	R				
If <b>Unemployed</b>		From :	/	/	/
UIF Unemployment Number					
<b>Bank Details</b>	Name of Bank				
	Account Holder				
	Account Number				
	Account type				
	Branch Code				

<b>Vehicle Ownership No. 1</b>	Make of Vehicle	
	Model	
	Year	
	Registration Number	
	Financed by	
	Other	
	Account Number	
<b>Vehicle Ownership No. 2</b>	Make of Vehicle	
	Model	
	Year	
	Registration Number	
	Financed by	
	Other	
	Account Number	

## **LEARNERS ATTENDING THIS SCHOOL:**

Surname of Learner	Name of Learner	Grade	Relationship with Learner			
			Own child	Foster child	Grand child	Other
			Own child	Foster child	Grand child	Other
			Own child	Foster child	Grand child	Other
			Own child	Foster child	Grand child	Other
			Own child	Foster child	Grand child	Other

## **LEARNERS ATTENDING OTHER PUBLIC SCHOOLS**

Name & Surname of Learner	Grade	School attending	School Fees	Relationship with Learner			
				Own child	Foster child	Grand child	Other
			R	Own child	Foster child	Grand child	Other
			R	Own child	Foster child	Grand child	Other
			R	Own child	Foster child	Grand child	Other
			R	Own child	Foster child	Grand child	Other

## **MONTHLY INCOME:**

		Gross combined Income			
		Parent 1		Parent 2	
Disability Grant		R		R	
Dividends		R		R	
Government Grants		R		R	
Gross Salary (before deduction UIF, PAYE)		R		R	
Income from Business		R		R	
Income from Repayment of Loan		R		R	
Interest from Investments		R		R	
Pension		R		R	
Rental Income		R		R	
Retrenchment Package		R		R	
Other	Specify:		R		R
			R		R
			R		R
			R		R
<b>TOTAL</b>		<b>R</b>		<b>R</b>	



<b>MONTHLY EXPENDITURE</b>			Gross combined Expenditure	
			Parent 1	Parent 2
Bond	R		R	
Car Insurance	R		R	
Cell Phones	R		R	
Clothing	R		R	
Clothing Accounts	R		R	
Credit Cards	R		R	
Domestic Help	R		R	
DSTV	R		R	
Entertainment	R		R	
Extramural Activities	R		R	
Garden Services	R		R	
Groceries	R		R	
Gym Fees	R		R	
Hire Purchase Agreements	Details: Specify		R	
			R	
Household Insurance	R		R	
Income Tax	R		R	
Internet / Broadband Fees	R		R	
Life Insurance	R		R	
Lights and Water	R		R	
Loans including loan from Employer	R		R	
Medical Aid	Membership details	Fund Name:	R	
		Number:	R	
Medical - Personal	R		R	
MNET	R		R	
Pension / Provident Contribution	R		R	
Petrol	R		R	
Rent	R		R	
Retirement Annuities	R		R	
SABC Licence Fees	R		R	
Savings	R		R	
School Fees	R		R	
Security ("Armed Response")	R		R	
Telephone	R		R	
UIF	R		R	
Unit Trust	R		R	
Other: Details	R		R	
<b>TOTAL EXPENDITURE</b>			<b>R</b>	<b>R</b>
<b>TOTAL INCOME LESS TOTAL EXPENDITURE</b>			<b>R</b>	<b>R</b>

**MOTIVATE YOUR APPLICATION:**


**DECLARATION : PARENT 1**

I ..... hereby declare that the information which I have recorded in this form is true and correct and verified by my signature below, I give the Chairman of the Eversdal Primary School Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied be found to be incorrect or false, my application may be disqualified.

Signed on this ..... day of ..... 20 .....

.....  
SIGNATURE

**DECLARATION : PARENT 2**

I ..... hereby declare that the information which I have recorded in this form is true and correct and verified by my signature below, I give the Chairman of the Eversdal Primary School Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied be found to be incorrect or false, my application may be disqualified.

Signed on this ..... day of ..... 20 .....

.....  
SIGNATURE

<b><u>OFFICE USE ONLY</u></b>
DATE RECEIVED: .....
INVESTIGATED AND VERIFIED BY: .....
COMMENTS: ..... ..... .....
EXEMPTION APPROVED / DECLINED: .....
EXEMPTION PORTION: .....

## TO WHOM IT MAY CONCERN

I, \_\_\_\_\_, ID number \_\_\_\_\_  
hereby authorise you to disclose any details of accounts held by me in your banking institution.

Absa Bank

BANK STAMP

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Capitec Bank

BANK STAMP

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First National Bank

BANK STAMP

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Nedbank

BANK STAMP

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Standard Bank

BANK STAMP

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