

HOEKWIL PRIMARY

AGREEMENT RE PAYMENT OF SCHOOL FEES Grades 1-7 (2021)

Surname (Parent/Guardian): _____ Name (Parent/Guardian): _____

Home address: _____ Postal address: _____

Tel nr (H): _____

Information of father of learner:	Information of mother of learner:
Name of Employer(s): _____	Name of Employer(s): _____
Tel nr (W): _____	Tel nr (W): _____
Cell nr: _____	Cell nr: _____
ID nr: _____	ID nr: _____
E-mail address: _____	E-mail address: _____

INFORMATION OF CHILD/CHILDREN					
	Full name(s)	Name known by	Surname	Birth date	Grade
1					
2					
3					
4					

Herewith I agree to pay my child(ren)'s compulsory tuition fee as follows (please mark with an X in block):

FR E Q U E N C Y	Single payment	R11000/child (to be paid during the first month of the school year)	
	Quarterly	R 2750/child	
	10 Monthly	R 1100/child (before or on the 7 th of each month for 10 months: 7 Feb – 7 Nov)	

M E T H O D	Cash / cheque	School office (Ms Antonett Jonker – school secretary)	
	Direct deposit / Debit order / Electronic transfer (Internet payment)	FIRST NATIONAL BANK – GEORGE ACCOUNT NO :62382732496 BRANCH CODE: 210114 (REF: ACC NO PLEASE) HOEKWIL PRIMARY SCHOOL	

I would like to apply for financial support with regards to the compulsory payment of tuition fees:




YES
 NO

PLEASE NOTE: If you would like to apply for financial support, a **complete** application form accompanied by proof of income and other documents as required, should be submitted to the office. Application forms and guidelines are available at the school office.

SIGNATURE OF PARENT/GUARDIAN: _____ (Hierdie vorm is beskikbaar in Afrikaans)

1. PERSONAL INFORMATION

Admission no: _____	Grade: _____ Year: _____
Surname: _____	Number of children in family: _____
Names: _____ _____	Position in family: (e.g. first) _____
Sex: _____	Prior attendance: (e.g. Nursery School) _____
Names by which learner is called: _____	Birth certificates no: _____ (e.g. Entry no: 397/86/1618-Photocopy of birth certificate attached to the back of this page / An individual)
Date of birth: _____	
Home language: _____	Language of learning and teaching: _____
Foster care <input type="checkbox"/> Adopted <input type="checkbox"/> Orphan <input type="checkbox"/> Legal guardianship <input type="checkbox"/> authority <input type="checkbox"/> (use X to mark)	

Parents / Guardians Relationship to learner	Father / Guardian	Mother / Guardian
Surname and Initials		
Marital Status		
Occupation (full / part time)		
Physical address 		
Postal address 		
Contact telephone numbers 	Home:	Home:
	Work:	Work:
	Cell:	Cell:

CONTACT PERSON (IN CASE OF EMERGENCY)	
Name and surname: _____	
Phone / cell number: _____	
Physical address: _____ _____	

2. PHYSICAL CONDITION / MEDICAL HISTORY.

Complete in PENCIL and update when there is a change.

Clinic card submitted. Yes no (Use "X" to mark where applicable)

Family practitioner _____ Tel no: _____

Allergies: _____

Chronic Illnesses: _____

Name of medical aid scheme (if any) _____

Medical aid number: _____

Name of member / card holder: _____

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IT'S CONTENTS MUST BE UPHELD IN TERMS OF RELEVANT LEGISLATION.**

