

# HOEKWIL PRIMARY

## AGREEMENT RE PAYMENT OF SCHOOL FEES Grade R (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					

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	R 10000/child (to be paid during the first month of the school year)	
	Quarterly	R 2500/child	
	10 Monthly	R 1000/child (before or on the 7 <sup>th</sup> 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 understand that the school may collect any outstanding school fees by handing over my account to debt collectors. I also understand that my child may not be allowed to attend the school if my school fee account is in arrears.*

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:

<b>CONTACT PERSON (IN CASE OF EMERGENCY)</b>	
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: \_\_\_\_\_

**IN THE INTEREST OF PROTECTING GENERAL HUMAN RIGHTS, THE CONFIDENTIALITY OF THIS DOCUMENT AND  
IT'S CONTENTS MUST BE UPHELD IN TERMS OF RELEVANT LEGISLATION.**

