

SOUTH AFRICAN SCHOOLS ACT, NO. 84 OF 1996
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT
OF SCHOOL FEES
APPLICATION FOR EXEMPTION



PAUL ROOS

Gymnasium · Gimnasium

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Suidwal · Stellenbosch · 7600

1. PERSONAL PARTICULARS OF PARENT¹

Surname: _____

Full names: _____

ID number: _____

Marital status: _____

Residential address:

Tel: (Home) _____

(Work) _____

Cellphone: _____

E-mail: _____

¹ "Parent" means (a) a natural parent or guardian of a learner; (b) a person legally entitled to custody of a learner; or (c) a person who undertakes to fulfil the obligations of a person referred to in paragraphs (a) and (b) towards a learner's education at school.

The Governing Body of Paul Roos Gymnasium reserves the right to interview all applicants.

2. NAME OF LEARNER(S) FOR WHOM APPLICATION IS MADE:

_____ / _____

ID No / Date of birth: _____ / _____

If applying for automatic exemption please provide proof of eligibility for such exemption by providing documentary evidence in the form of:

- 2.1 an affidavit
- 2.2 a confirmation affidavit from a social worker or other competent authority
- 2.3 a court order

LEARNERS ATTENDING THIS SCHOOL

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

LEARNERS ATTENDING OTHER PUBLIC SCHOOLS

Surname of Learner	Name of Learner	School attending	Grade	School Fees	Relationship with learner				
					Own	Step	Foster	Grand	Other
				R	Own	Step	Foster	Grand	Other
				R	Own	Step	Foster	Grand	Other
				R	Own	Step	Foster	Grand	Other
				R	Own	Step	Foster	Grand	Other

3. FINANCIAL PARTICULARS OF PARENT

Combined annual gross income defined as annual gross income of the parents, calculated together, or, if a learner has only one parent, the total annual gross income of such parent.

3.1 Annual gross salary:

Father / First Guardian R _____

Mother / Second Guardian R _____

Total R _____

(Attach salary advice or other proof of income)

3.2 Grants / Pension / Maintenance received

Type _____ R _____

Type _____ R _____

Total R _____

(Please provide documentary proof.)

3.3 Money received from investments eg interest, dividends, rent, royalties:

Type of Investment _____ Income R _____

Type of Investment _____ Income R _____

Type of Investment _____ Income R _____

Total R _____

(Please provide documentary proof.)

3.4 Profit gained from any form of business:

Name of business _____ Income R _____

(Please provide audited financial statements)

3.5 Please indicate the amount that you are able to contribute towards school fees.

R _____ per month.

3.6 School fees for the applicant's child at the school: R _____

3.7 Additional monetary contributions paid by a parent in relation to a learner's attendance of, or participation in any programme of, a public school:

School books R _____

School uniform R _____

(Please provide documentary proof.)

4.1 ADDITIONAL INFORMATION

Any other relevant information supplied by the applicant, indicating the inability to pay school fees due to personal circumstances, that may lead to conditional exemption:

5. MANNER OF DELIVERY OF THE APPLICATION FORM

The application form and accompanying documents must be sealed in an envelope addressed to the bursar and must be delivered to the school concerned by hand or by registered post.

6. DECLARATION BY PARENT

I, _____ hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the 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

The Governing Body of Paul Roos Gymnasium reserves the right to interview all applicants.

OFFICE USE ONLY

NUMBER: _____ ACCOUNT: _____

DATE RECEIVED: _____

COMMENTS: _____

EXEMPTION APPROVED: _____

EXEMPTION PORTION: _____

AMOUNT DUE: _____

FINANCE DEPT

DATE

RECTOR

DATE