

NAME OF LEARNER:  
DATE:

GRADE: E



## PAUL ROOS GYMNASIUM PAYMENT OF SCHOOL FEES – TERMS & CONDITIONS

PRG charges compulsory school fees as permitted by the SA Schools Act. Each parent's contribution is indispensable for the optimal functioning of the school and hostel. It enables us to provide your son with all the possible opportunities to fulfil his dreams. Payment is subject to the following terms and conditions:

- Both the father and mother and/or, where applicable, the guardian(s) of every learner are jointly and severally responsible for school fees in respect of such learner.
- Payments must be made by the due date. School fees are payable in full in advance at the start of the academic year. Should payment in 10 equal monthly instalments be arranged, each such payment must be made by not later than the 2<sup>nd</sup> day of each month from February to November. The parent/guardian is responsible to ensure timeous payment by means of the method chosen, i.e. by debit order, or electronic transfer. **If any payment is late or is not received as undertaken, the full outstanding balance of school fees for the year, as at the date of non-payment, will become due and payable immediately. If the full balance so due is not immediately settled, PRG will hand such amount over for collection.** Should it be necessary for the school to instruct its attorneys or any collecting agent to collect school fees, the parent/guardian concerned shall be responsible for all collection costs plus collection commission and costs and fees in terms of Act 114 of 1998.

For **2022**, school fees have been set at **R47 200** per annum by a meeting of parents on 2 November 2021. Please indicate how you undertake to pay.

Payment options:

|    |   |  |
|----|---|--|
| 1. | Single payment of <b>R47 200</b> by 28 February 2022.   |  |
| 2. | Ten monthly instalments of <b>R4 720</b> each by debit order, from 2 February 2022 to 2 November 2022. Include completed 2022 debit order form and proof of bank account number.  |  |
| 3. | Ten monthly instalments of <b>R4 720</b> by electronic transfer, from 2 February 2022 to 2 November 2022.   |  |
| 4. | Application for partial/full exemption.<br><br>To enable the school to keep its promise of excellence we need every parent's contribution. We are aware that there are families that experience financial difficulty and could possibly not pay the school fees in full. With this in mind, there is an opportunity to apply for reduction in school fees.<br><br>I believe I qualify for, and intend to apply for a partial or full exemption from payment of school fees. I have been informed that the above-mentioned form is available at Room 14 and that I can ask for assistance in completing the form. <b>I undertake to hand in the application before 28 February 2022.</b> I shall, based on the amount awarded, make equal monthly payments in respect of the balance. Applications received after the abovementioned date will only qualify for reduction from the date received. No incomplete applications will be considered. |  |
| 5. | Voluntary donations.<br><br>Give a needy learner the opportunity to become a Paul Rouser by sponsoring his school/hostel fees partially or fully. Any such a donation will qualify for an Article 18A tax certificate. I undertake to donate R_____ towards the Sponsor a Paul Rouser project per year. Planned date of payment: _____.   |  |

By signing this document, I accept the terms and conditions set out above and undertake to pay school fees strictly as undertaken above.

**NAME OF LEARNER:**  
**DATE:**

**GRADE: E**

Signed at

on this

day of

20

\_\_\_\_\_  
SIGNATURE

Father/Guardian

\_\_\_\_\_  
SIGNATURE

Mother/Guardian

**Bank details: ABSA Stellenbosch, branch code 632005, account no 041 014 2791.**

**Please use your account number e.g. XYZ001, learner's name and surname as reference.**

|   |                 |
|---|-----------------|
| <b>NAME OF LEARNER:</b><br><b>DATE:</b> | <b>GRADE: E</b> |
|---|-----------------|

**Full name and surname of person responsible for the account (parent/guardian):**

ID No: \_\_\_\_\_ Marital status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (Physical and postal): \_\_\_\_\_

Telephone (Home and cell): \_\_\_\_\_

Name, address and telephone of employer: \_\_\_\_\_

**Full name and surname of other parent/guardian:**

ID No: \_\_\_\_\_ Marital status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (Physical and postal): \_\_\_\_\_

Telephone (Home and cell): \_\_\_\_\_

Name, address and telephone of employer: \_\_\_\_\_

I agree that the above e-mail addresses and cellphone numbers may be used by the school for communication. I declare that the information provided above is correct and that I shall inform the school timeously in writing of any changes.

\_\_\_\_\_  
SIGNATURE  
Father/Guardian

\_\_\_\_\_  
SIGNATURE  
Mother/Guardian

Learner Grade (2022): \_\_\_\_\_

(Office use: Acc no: \_\_\_\_\_)

NAME OF LEARNER:  
DATE:

GRADE: E

PAUL ROOS GYMNASIUM  
SCHOOL DEBIT ORDER 2022

PERSONAL DETAILS

SURNAME:

FIRST NAME AND INITIALS:

ID NO:

TELEPHONE: (H)

(W)

(C)

EXISTING DEBIT ORDER YES / NO

BANKING DETAILS

NAME OF BANK:

BRANCH:

BRANCH CODE:

ACCOUNT NO:

TYPE OF ACCOUNT:

BANK ACCOUNT IN NAME OF:

AUTHORISATION

1. I hereby authorize Paul Roos Gymnasium to debit my bank account with the amount of the monthly school fees, including any fees in arrears that I may owe and of which I have been notified in advance.
2. I acknowledge that the party hereby authorized to effect the drawings against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorized party.
3. Payments occur on the second day of each month, starting in February 2022 and the last payment in November 2022. If the transaction date is on a weekend, the transaction will occur on the next workday.
4. If a debit order payment was returned as unpaid by the bank for the second time, the debit order may be cancelled by Paul Roos Gymnasium. If Paul Roos Gymnasium has to cancel such a debit order, it is my own responsibility to pay the outstanding amount to the school.
5. I understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank statement or an accompanying voucher.
6. I agree to pay any charges relating to this debit order instruction.
7. This authority may be cancelled by me by giving the school thirty days' notice in writing. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

DETAILS OF CHILDREN IN THE SCHOOL:

| NAME AND SURNAME | GRADE 2022 | OFFICE USE |
|------------------|------------|------------|
|                  |            |            |
|                  |            |            |
|                  |            |            |

NAME OF LEARNER:  
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**SOUTH AFRICAN SCHOOLS ACT, NO.84 OF 1996  
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES**

|    |   |     |    |
|----|---|-----|----|
| 1. | Has the principal informed you about the amount of the annual school fees to be paid?   | YES | NO |
| 2. | Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees?      | YES | NO |
| 3. | Has the principal informed you about your right to apply for exemption from paying school fees?   | YES | NO |
| 4. | Do you wish to apply for such exemption?  | YES | NO |
| 5. | Do you wish to be assisted in making such application?  | YES | NO |
| 6. | Has the principal provided you with the form for application for exemption?<br>(Refer to point 4 on page 1 of the payment of school fees form). | YES | NO |

\_\_\_\_\_  
SIGNATURE

**RECTOR: A VAN STADEN**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT: SIGNATURE

\_\_\_\_\_  
PARENT: NAME

\_\_\_\_\_  
DATE