

NOORDWYK PRIMARY SCHOOL
115, 9TH Road, Noordwyk, 010 590 4742, finance@noordwykprimary.co.za
SOUTH AFRICAN SCHOOLS ACT NO 84/1996 (AS AMENDED)
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYING SCHOOL FEES
APPLICATION FOR EXEMPTION- Closing dates 16 February 2024

FOR OFFICE USE ONLY	
DATE COLLECTED FROM SCHOOL	
DATE RETURNED TO SCHOOL	
APPLICATION NUMBER	
COMBINED GROSS INCOME	
COMMENTS/CALCULATIONS BY FINANCE OFFICE	
APPLICATION APPROVED	
APPLICATION NOT APPROVED	
STIPULATIONS	
FULL EXEMPTION GRANTED	
PARTIAL AMOUNT GRANTED	
TOTAL FEES DUE AFTER EXEMPTION	

FEE EXEMPTION APPLICATION — CHECKLIST AND REQUEST FOR DOCUMENTS

Dear Parent

In order to process your application for exemption from paying school fees please provide certified copies of the documents as required by your status.

Unabridged birth certificate of the learner/s	
Identity document of parent/s applying.	
Three months bank statements (latest)	
Latest salary slip/proof of income (No affidavit will be accepted)	
Affidavit if parent/s whereabouts are unknown. (Please supply full details.)	
Pensioner letter — letter from the Government stating that you receive a pension and how much per month?	
Social grant — if the child receives a social grant, then supply a latter from SASSA showing the amount you receive.	
Foster parent/ Guardian — supply court order	
Death certificate for deceased parent/s	

Guidelines:

1. Biological parents / adoptive parents / legal guardians are jointly and severally liable for the payment of the School Fees irrespective of their marital status.
2. Unless one parent is deceased or the whereabouts of a parent is unknown, the information and documents supplied are always for both biological parents / adoptive parents / legal guardians
3. If you are divorced also supply certified copy of your divorce and/or maintenance agreement.
4. If you are a single parent then you must supply an affidavit stating where the other parent is and if he/she supports you and the child.
5. Where you cannot supply any of the above you must supply an affidavit stating why you cannot provide these documents.
6. Every applicable portion must be completed properly, or your application will not be considered.
7. Application forms must be signed and stamped by a commissioner of oaths.

PLEASE RETURN THIS COMPLETED FORM AND ATTACHMENTS BY 16/02/2023. IF THE FORM IS NOT RETURNED IT IS DEEMED YOU DO NOT REQUIRE AN EXEMPTION.

PLEASE USE CAPITAL/BLOCK LETTERS TO COMPLETE THESE FORMS. TICK/CROSS WHERE REQUIRED.

LEARNER'S NAME AND SURNAME		GRADE	
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1. PARTICULARS OF THE SCHOOL: AS ABOVE

2. PERSONAL PARTICULARS OF PARENT:

	FATHER/LEGAL GUARDIAN 1	MOTHER/LEGAL GUARDIAN 2
NAME AND SURNAME		
Identity number		
CELL PHONE NUMBER		
EMPLOYMENT STATUS	EMPLOYED	EMPLOYED
	UNEMPLOYED	UNEMPLOYED
MARITAL STATUS	SINGLE	SINGLE
	MARRIED	MARRIED
	LIVING TOGETHER	LIVING TOGETHER
	DIVORCED	DIVORCED
	WIDOWED	WIDOWED
PARENTAL STATUS (WHAT IS YOUR RELATIONSHIP TO THE CHILD?)	FATHER	MOTHER
	UNCLE	AUNT
	GRANDFATHER	GRANDMOTHER
	SIBLING	SIBLING
	LEGAL GUARDIAN	LEGAL GUARDIAN

DETAILS OF ALL LEARNERS AT THIS SCHOOL FOR WHOM APPLICATION IS MADE

NAME AND SURNAME	GRADE	ORPHAN	FOSTER CARE	RECEIVING GRANT

NAME(S) OF LEARNER(S) AT THE SAME PUBLIC SCHOOL OR AT ANOTHER PUBLIC SCHOOL THAT HAS NOT BEEN DECLARED A NO FEE SCHOOL.

NAME AND SURNAME	ID. NO	GR	AMOUNT OF SCHOOL FEES	ADDITIONAL MONETARY CONTRIBUTION	NAME OF SCHOOL	TEL. NO OF SCHOOL

3. FINANCIAL PARTICULARS OF PARENT: Parents must, where applicable, supply the required documents:

3.1 Combined gross income: (Attach salary advice/s)	R	
3.2 Money received from investment: (Please provide proof)	R	
3.3 Profit gained from any type of business: (Please provide proof)	R	
3.4 School fees for each child at this school:	R	7 500.00
3.5 Additional monetary contributions paid by a parent in relation to a learner's attendance of, or participation in any programme of, a public school:	R	

4. ADDITIONAL INFORMATION: Any other relevant information supplied by the applicant, indicating the inability to pay school fees owing to personal circumstances, that may lead to conditional exemption:

VOLUNTARY CONTRIBUTION: If you are able to make part contribution to the school fees, please indicate an amount that you think you can afford to pay per month. (If this amount is lower than what is prescribed by the exemptions table, the exemption table takes precedence.)

R _____

5. MANNER OF DELIVERY OF THE APPLICATION FORM: This application form and accompanying documents must be sealed in an envelope addressed to the Chairperson of the Governing Body and must be delivered to the school concerned by hand or by registered post.

NAME AND SURNAME OF PARENT	SIGNATURE	DATE
1.		
2.		
NAME AND SURNAME OF SGB CHAIRPERSON	SIGNATURE	DATE

SCHOOL STAMP

DECLARATION BY

PARENT/GUARDIAN

I/we, the below mentioned hereby certify that I/we am/are not in a position to provide for the educational needs of the children in this application without the assistance applied for. I/we have not withheld any information concerning my/our circumstances and all information furnished by me/us is correct and true. I/we understand that if, at any stage, it is ascertained that this information is incorrect in any way, the exemption will be cancelled leaving me/us responsible for the full school fees.

Signed by parents/guardians (in the presence of a Commissioner of Oaths)

FULL NAME AND SURNAME OF PARENT	SIGNATURE	DATE
1.		
2.		

SIGNATURE OF COMMISSIONER OF OATHS	
FULL NAME AND SURNAME	
OFFICE	
WORK ADDRESS	
DATE	

OFFICIAL STAMP

Knowledge is Power