

EXEMPTION APPLICATION FORM

LEARNERS ATTENDING THIS SCHOOL

DETAILS	LEARNER 1			LEARNER 2			LEARNER 3		
SURNAME									
FIRST NAMES									
ID NUMBER									
GRADE									
SCHOOL ACCOUNT NUMBER									
RELATIONSHIP WITH LEARNER	Biological/adoptive	Grandchild		Biological/adoptive	Grandchild		Biological/adoptive	Grandchild	
	Stepchild	Foster Child		Stepchild	Foster Child		Stepchild	Foster Child	
	Other (specify)			Other (specify)			Other (specify)		

CHILDREN ATTENDING OTHER PUBLIC SCHOOLS

DETAILS	CHILD 1			CHILD 2			CHILD 3		
NAME OF SCHOOL									
SCHOOL FEES	R			R			R		
AMOUNT OWING	R			R			R		
APPLIED FOR EXEMPTION	YES	NO		YES	NO		YES	NO	
SURNAME									
FIRST NAME									
ID NUMBER									
GRADE									
RELATIONSHIP WITH THE ABOVE CHILD	Biological/adoptive	Grandchild		Biological/adoptive	Grandchild		Biological/adoptive	Grandchild	
	Stepchild	Foster Child		Stepchild	Foster Child		Stepchild	Foster Child	

	Other (specify)		Other (specify)		Other (specify)	
--	-----------------	--	-----------------	--	-----------------	--

CHILDREN ATTENDING GRADE R / NURSERY SCHOOLS

DETAILS	CHILD 1			CHILD 2			CHILD 3		
NAME OF INSTITUTE									
FEES	R			R			R		
AMOUNT OWING	R			R			R		
SURNAME									
FIRST NAMES									
ID NUMBER									
GRADE									
RELATIONSHIP WITH THE ABOVE CHILD	Biological/adoptive	Grandchild		Biological/adoptive	Grandchild		Biological/adoptive	Grandchild	
	Stepchild	Foster Child		Stepchild	Foster Child		Stepchild	Foster Child	
	Other (specify)			Other (specify)			Other (specify)		

CHILD ATTENDING UNIVERSITY / TECHNIKON / COLLEGES

DETAILS	CHILD 1			CHILD 2			CHILD 3		
NAME OF INSTITUTE									
TUITION FEES	R			R			R		
AMOUNT OWING	R			R			R		
SURNAME									
FIRST NAMES									
ID NUMBER									
YEAR OF STUDY									
RELATIONSHIP WITH THE ABOVE CHILD	Biological/adoptive	Grandchild		Biological/adoptive	Grandchild		Biological/adoptive	Grandchild	
	Stepchild	Foster Child		Stepchild	Foster Child		Stepchild	Foster Child	

	Other (specify)		Other (specify)		Other (specify)		
--	-----------------	--	-----------------	--	-----------------	--	--

PARENT 1 : PERSONAL DETAILS OF LEARNER'S PARENT

PARENT CATEGORY AS PER THE SOUTH AFRICAN SCHOOLS ACT	BIOLOGICAL	ADOPTIVE	LEGAL CUSTODY	LEGAL GUARDIAN	GRAND PARENT	STEP PARENT	OTHER SPECIFY		
SURNAME									
FIRST NAME (LEGAL NAMES)									
MARITAL STATUS	MARRIED COP	MARRIED ANC	SINGLE	DIVORCED	SEPARATED	WIDOWER	ENGAGED	LIVING TOGETHER	OTHER
GENDER	MALE			FEMALE			OTHER (SPECIFY)		
DATE OF BIRTH	DAY			MONTH			YEAR		
SOUTH AFRICAN IDENTITY NUMBER									
EMAIL ADDRESS	PERSONAL EMAIL ADDRESS					BUSINESS EMAIL ADDRESS			
CONTACT NUMBER:	WORK LANDLINE NUMBER			HOME LANDLINE NUMBER			MOBILE		
RESIDENTIAL ADDRESS	STREET NAME AND NUMBER			SUBURB		TOWN/CITY		POSTAL CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	OWNED				RENTED				
	_____/_____ YEARS AND MONTH				_____/_____ YEARS AND MONTH				
HOW MANY PEOPLE LIVE AT THE ABOVE ADDRESS ?	ADULTS				CHILDREN				
	NUMBER		RELATIONSHIP		NUMBER		RELATIONSHIP		

EMPLOYMENT STATUS	EMPLOYED	UNEMPLOYED	RETIRED	SELF EMPLOYED	OTHER (SPECIFY)		
INCOME TAX NUMBER							
IF EMPLOYED : EMPLOYERS DETAILS	EMPLOYER			ADDRESS			
	DATE EMPLOYED			POSITION HELD			
IF SELF EMPLOYED	NAME OF BUSINESS		NATURE OF BUSINESS		ADDRESS OF BUSINESS		
	OWNERSHIP STATUS						
	SOLE OWNER		PARTNERSHIP		CLOSE CORPORATION		COMPANY
IF RETIRED INDICATE TYPE OF PENSION	STATE			PRIVATE			
	NAME OF FUND			NAME OF FUND			
PASSPORT NUMBER IF YOU ARE A FOREIGN NATIONAL							
NATIONALITY							
PLACE OF BIRTH	TOWN				COUNTRY		
DATE OF ARRIVAL IN SOUTH AFRICA (FOREIGN NATIONAL)	DAY		MONTH			YEAR	
DOCUMENT TO LEGALIZE YOUR STAY IN SOUTH AFRICA	PERMANENT RESIDENT IN SA	WORK VISA	STUDY VISA	VISITORS VISA	ASYLUM SEEKER PERMIT	FORMAL REFUGEE STATUS	UNDOCUMENTED

PARENT 2 : PERSONAL DETAILS OF LEARNER'S PARENT

PARENT CATEGORY AS PER THE SOUTH AFRICAN SCHOOLS ACT	BIOLOGICAL	ADOPTIVE	LEGAL CUSTODY	LEGAL GUARDIAN	GRAND PARENT	STEP PARENT	OTHER SPECIFY		
SURNAME									
FIRST NAME (LEGAL NAMES)									
MARITAL STATUS	MARRIED COP	MARRIED ANC	SINGLE	DIVORCED	SEPARATED	WIDOWER	ENGAGED	LIVING TOGETHER	OTHER
GENDER	MALE			FEMALE			OTHER (SPECIFY)		
DATE OF BIRTH	DAY			MONTH			YEAR		
SOUTH AFRICAN IDENTITY NUMBER									
EMAIL ADDRESS	PERSONAL EMAIL ADDRESS					BUSINESS EMAIL ADDRESS			
CONTACT NUMBER:	WORK LANDLINE NUMBER			HOME LANDLINE NUMBER			MOBILE		
RESIDENTIAL ADDRESS	STREET NAME AND NUMBER			SUBURB			TOWN/CITY		POSTAL CODE
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	OWNED					RENTED			
	_____/_____ YEARS AND MONTH					_____/_____ YEARS AND MONTH			
HOW MANY PEOPLE LIVE AT THE	ADULTS					CHILDREN			

ABOVE ADDRESS ?	NUMBER		RELATIONSHIP		NUMBER		RELATIONSHIP			
EMPLOYMENT STATUS	EMPLOYED		UNEMPLOYED		RETIRED		SELF EMPLOYED		OTHER (SPECIFY)	
INCOME TAX NUMBER										
IF EMPLOYED : EMPLOYERS DETAILS	EMPLOYER					ADDRESS				
	DATE EMPLOYED					POSITION HELD				
IF SELF EMPLOYED	NAME OF BUSINESS			NATURE OF BUSINESS			ADDRESS OF BUSINESS			
	OWNERSHIP STATUS									
	SOLE OWNER			PARTNERSHIP			CLOSE CORPORATION		COMPANY	
IF RETIRED INDICATE TYPE OF PENSION	STATE					PRIVATE				
	NAME OF FUND					NAME OF FUND				
PASSPORT NUMBER IF YOU ARE A FOREIGN NATIONAL										
NATIONALITY										
PLACE OF BIRTH	TOWN					COUNTRY				
DATE OF ARRIVAL IN SOUTH AFRICA (FOREIGN NATIONAL)	DAY			MONTH			YEAR			
DOCUMENT TO LEGALIZE YOUR STAY IN SOUTH AFRICA	PERMANENT RESIDENT IN SA	WORK VISA	STUDY VISA	VISITORS VISA	ASYLUM SEEKER PERMIT	FORMAL REFUGEE STATUS	UNDOCUMENTED			

ANNUAL COMBINED GROSS INCOME OF PARENTS

GROSS INCOME	PARENT 1		PARENT 2	
	MONTHLY	YEARLY	MONTHLY	YEARLY
Gross salary / wage before deductions	R	R	R	R
Salary/ wage from a 2 nd job	R	R	R	R
13 th Cheque / Performance bonus	R	R	R	R
Commission on Sales	R	R	R	R
Interest Received from Investments	R	R	R	R
Dividends received	R	R	R	R
Housing / Rental Allowance	R	R	R	R
Travel Allowance	R	R	R	R
Child Maintenance	R	R	R	R
Spouse Maintenance	R	R	R	R
SASSA Older Person Grant	R	R	R	R
SASSA Disability Grant	R	R	R	R
SASSA – Special COVID19 SRD Grant R350	R	R	R	R
SASSA – War Veteran Grant	R	R	R	R
SASSA – Child Dependency Grant	R	R	R	R
Medical Incapacity Pension	R	R	R	R
Retirement Annuity / Pension	R	R	R	R
Income from Business / Farming	R	R	R	R

Property rental income	R	R	R	R
Medical Aid Employer contribution	R	R	R	R
Provident Fund Employer contribution	R	R	R	R
Life insurance Employer contribution	R	R	R	R
Other Income (specify)	R	R	R	R
TOTAL	R	R	R	R

ANNUAL COMBINED EXPENDITURE OF PARENTS

GROSS INCOME	PARENT 1		PARENT 2	
	MONTHLY	YEARLY	MONTHLY	YEARLY
Rent / Bond	R	R	R	R
Utility Bill (Water and Lights)	R	R	R	R
Municipal Rates	R	R	R	R
Public Transport cost	R	R	R	R
Vehicle Fuel cost	R	R	R	R
Vehicle repayment (Balance owing R_____)	R	R	R	R
Clothing account (Balance: R_____)	R	R	R	R
Furniture account (Balance : R_____)	R	R	R	R
Revolving Credit (Balance : R_____)	R	R	R	R
Church Contribution	R	R	R	R
Groceries	R	R	R	R

Policies	R	R	R	R
Mobile phones	R	R	R	R
DSTV / MNET / Netflix / Streaming Services	R	R	R	R
Entertainment	R	R	R	R
Credit Card Repayment	R	R	R	R
Policies	R	R	R	R
Medical Aid Contribution	R	R	R	R
Retirement annuity	R	R	R	R
Personal Loan repayments	R	R	R	R
Pension Contribution	R	R	R	R
School / Nursery University Fees	R	R	R	R
Security	R	R	R	R
Staff Salaries (Domestic)	R	R	R	R
Unit Trust Contribution	R	R	R	R
	R	R	R	R
	R	R	R	R
TOTAL	R	R	R	R

COMBINED ASSETS OF PARENTS

ASSETS	PARENT 1	PARENT 2
Motor Vehicles at market value	R	R
Residential Home at market value	R	R
Holiday Home at market value	R	R
Shares, member's interest & debentures - cost	R	R
Loan Accounts	R	R
Net capital of business, profession, or farming	R	R
Equipment, machinery, implements	R	R
Motor vehicles, caravans, boats	R	R
Debtors	R	R
Stock	R	R
Livestock	R	R
Cash in Bank	R	R
Cash on Hand	R	R
Furniture at cost	R	R
Jewelry	R	R
Offshore investments	R	R
Timeshares	R	R

Other Assets (Specify)	R	R
TOTAL	R	R

COMBINED LIABILITIES OF PARENTS

LIABILITIES	PARENT 1	PARENT 2
Bond Property 1	R	R
Bond Property 2	R	R
Bond Property 3	R	R
Loan Accounts	R	R
Creditors	R	R
Bank Overdraft	R	R
Hire Purchase agreements	R	R
Lease agreements	R	R
Other Liabilities (Specify)	R	R
TOTAL	R	R

STATE ANY OTHER REASON WHY YOU ARE NOT ABLE TO PAY SCHOOL FEES

TERMS AND CONDITIONS

1. Your application will be assessed in terms of the rules and regulations as stipulated in the South African Schools Act 86 of 1996 and in terms of the Norms and Standard of funding.
2. The applicant for this application, be as follows : if the learner's parents are:
 - a. Married – one application form is required and the documents of both Mother and Father are required. The applicant is both the Mother and Father. Please supply information as Parent 1: Father and Parent 2 : Mother
 - b. Divorced – particulars of both parents are required. Separate application forms must be completed by each parent and the required document of that applicant must be attached to the application form. ____
 - c. Widowed – one application form is required with the necessary documentation.
 - d. Unmarried - separate application forms must be completed by each parent and the required document of that applicant must be attached to the application form.
3. The members of the School Governing Body reserves the right to verify any document or statement made in this application.
4. In the event of an applicant making a false statement on his/her application form or if her/or her produces *fa/se* documents or evidence, the School Governing Body may lay a charge of fraud against the applicant.

5. Should the personal conditions of the applicant change in any way following a decision of the School Governing Body, the onus is on the applicant to make the School Governing Body aware of these changes so that the application can be revisited to assess whether the decision of the School Governing Body should be altered to suit these new changes.
6. In the event that information comes to the notice of the School Governing Body that the circumstances of the applicant have changed and the School Governing Body has not been informed, the School Governing Body may, at its sole discretion then review the changes and may or may not alter their decision irrespective of how long such decision has been in force.
7. Applications for exemption are for the current school year only. Each year a new application form must be filled out and handed to the school for consideration.
8. Body or a person so delegated by him, will investigate all information in the submission for the purpose of ensuring that all details, as stated, are true and correct before the application will be considered. Proof must be submitted with all declarations. Should any information be found to be false or of a questionable nature, the application will be rejected in full and no further negotiations will be entered into between the School Governing Body and the applicant.

ACKNOWLEDGEMENT

The fees levied are essential to maintain the operational needs of a functioning school. The Education Department does not reimburse the school in the amount of the exemption granted, which places pressure on the remaining fee-paying parents, as well as increasing the fees levied in the subsequent academic year.

I / we have read and understood the financial impact that this application has on the school and the burden carried by the remaining parents.

Parent 1

Parent 2

Signature

Signature

WHAT ARE YOU ABLE TO CONTRIBUTE TOWARDS THE SCHOOL FEES?

Parent 1	Monthly Basis	Once-Off
Parent 2	Monthly Basis	Once-Off

DOCUMENTS TO ACCOMPANY THIS APPLICATION

In terms of the South African Schools Act 84 of 1996, as amended, (“SASA”) and regulations, the following documents, must accompany this application:		Parent	
		1	2
1.	Certified copy of the applicant’s ID document		
2.	Certified copy of the applicant’s Passport (if applicable)		
3.	Certified copy of the birth certificates of each of your children.		
4.	Copies of original bank statements of every account that is held, including all credit cards and savings accounts. (3 months, unless self-employed, in which case 6 months).		
5.	Copies of all Investments statements held at a registered bank in South Africa.		
6.	Copy of your last tax return submitted to SARS.		
7.	Copies of IRP5/IT3A certificates for prior tax year		
8.	If you are employed, a certified copy of your last <u>three</u> salary slips.		
9.	If self-employed, audited financial statements from registered Accountant. (Additional information may be requested)		
10.	If unemployed, you will be required to complete an affidavit that will be signed by a commissioner of oath		
11.	If a pensioner, a certified copy verifying your status as a pensioner and the amount of pension you receive monthly.		
12.	A certified copy of a Utility bill, preferable an Electricity and Rates account.		
13.	If a foster parent, a certified copy of the court order.		
14.	If widowed, a certified copy of the death certificate.		
15.	If applicable, copy of the following court orders and or notifications:		
	<input type="checkbox"/> Sequestration		
	<input type="checkbox"/> Liquidation		
	<input type="checkbox"/> Administration		
	<input type="checkbox"/> Debt Review		
	<input type="checkbox"/> Protection		
	<input type="checkbox"/> Foster Care		

	<input type="checkbox"/>	Death certificate		
	<input type="checkbox"/>	Other (if applicable)		
16.	If you are a landlord in any capacity, a schedule of Rental Income and expenses.			
17.	Bank account verification document filled in by ALL the banks, irrespective whether you bank with them or not.			
18.	Completed application must be returned to the school by 28 February 2024.			

DECLARATION

DECLARATION : PARENT 1

Ihereby 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

DECLARATION : PARENT 2

Ihereby 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

I _____ (Full Name) _____ ID _____ request your bank to list all the accounts that I hold at your bank and to provide me with 3 months statements.

Signature of Applicant: _____

	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
 Standard Bank	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
*Ax Postbank	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	
	Cheque	No	Yes	
	Savings	No	Yes	
	Credit Card	No	Yes	
	Fixed deposit	No	Yes	
	Investment	No	Yes	