

**SUPPORTING DOCUMENTATION AND OTHER IMPORTANT
INFORMATION PERTAINING TO AN APPLICATION FOR EXEMPTION**

1. Particulars of **both** natural parents / persons accepting responsibility for fees are a pre-requisite (regardless of marital status and / or divorce agreements).
2. Where a parent is deceased, a death certificate must be provided.
3. If one or more parent/s is/are unemployed a sworn affidavit to that effect must be attached and any other supporting documentation e.g. documentation from the Unemployment Insurance Fund.
4. Documentation to prove Gross Annual Income
 - a. **For Employees:** IRP5/IT3A and Salary Advice for 3 recent months and latest income tax assessment.
 - b. **For Business Income / Self Employed persons:** a copy of the last available management accounts and the latest income tax assessment.
 - c. Last 3 months bank statements for **all** bank accounts – company, personal, credit, savings, investment etc.
 - d. Disclosure of any rental income and interest or dividends on investments.
5. Other documentation required
 - a. List of assets and liabilities.
 - b. List of current monthly expenses.
6. The governing body members reserve the right to verify any information supplied. It is a criminal offence to provide false information.
7. Please ensure that the receipt of your application is documented and that you receive a reference number.
8. Where documentary proof is not provided your application will be returned to you for completion and this could delay your request for a reduction in fees.
9. In addition to the application and documentation, the governing body may request a personal interview at your place of residence to assist both the school and the applicant with the assessment.
10. Please note that the school does not receive a subsidy to offset the loss in fees from exemptions granted. We kindly request that in cases where a full exemption is applicable, a contribution of R2,000 per learner be made to cover the costs of photocopies and other basic expenses.

Note: This form must be completed and signed before a Commissioner of Oaths before being submitted for consideration.

CONFIDENTIAL

Date Returned		Reference No.	
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Annexure B



BERGVLIET HIGH SCHOOL

Address: Firgrove Way
Bergvliet
7806
Head Start for Life

Telephone: (021) 712 0284
Fax: (021) 715 0631

APPLICATION FOR EXEMPTION/PARTIAL EXEMPTION FROM PAYMENT OF SCHOOL FEES

PLEASE NOTE PARTICULARS OF BOTH NATURAL PARENTS ARE A PREREQUISITE

PERSONAL PARTICULARS OF NATURAL PARENT #1/Guardian

Name of Parent			
Surname:			
First Names:			
Residential Address:			
Identity Number:			
Telephone No.:	H	W	Cell
Fax No.:			
e-mail:			

PERSONAL PARTICULARS OF NATURAL PARENT #2/Guardian

(If deceased, please state so under name of Parent #2, and attach death certificate)

Name of Parent			
Surname:			
First Names:			
Residential Address:			
Identity Number:			
Telephone No.:	H	W	Cell
Fax No.:			
e-mail:			

Name and grade of eldest learner at Bergvliet High School:

Full Name:		Grade:	
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Name(s) of learner(s) at this public school or at another public school that has not been declared a no fee school.

Name of Learner	
Identity Number	
Amount of School Fees	
Other Fees Charged	
Name of School	
Tel. No. of School	

Name of Learner	
Identity Number	
Amount of School Fees	
Other Fees Charged	
Name of School	
Tel. No. of School	

Name of Learner	
Identity Number	
Amount of School Fees	
Other Fees Charged	
Name of School	
Tel. No. of School	

Name of Learner	
Identity Number	
Amount of School Fees	
Other Fees Charged	
Name of School	
Tel. No. of School	

MONETARY CONTRIBUTION OR ASSISTANCE OFFERED TO BHS:

Name/s of Learner/s	Grade	School fees offered by parent for current school year
		R Per Annum
		R Per Annum
		R Per Annum
		R Per Annum

In addition, or as an alternative to a monetary contribution, I am prepared to assist the school in the following way (E.g. providing skilled labour to maintain buildings and/or grounds and physically helping at Recycling or Tuckshop by joining our recycling/tuckshop teams on selected days of the week.

DECLARATION BY PARENT(S)/GUARDIAN(S)

Please print

I (full names and surname).....
 hereby solemnly declare that without assistance for which I am hereby applying, I will not in any way be in a position to provide for the education of my child/ren, that I have not withheld any information whatsoever regarding my circumstances and that all the information given on this application form is true, complete and correct. I undertake to inform Bergvliet High School promptly if my financial circumstances should change. I accept that if, at any stage, it is established that the information given by me is not correct, financial assistance awarded to me will be withdrawn and the amount of such assistance already granted will be recoverable from me.

Date:..... Signature:.....

The declarer hereby confirms that he/she is fully conversant with the contents of this declaration and understands it.

Sworn by me at.....on the.....day of

.....
 Magistrate/Justice of Peace/Commissioner of Oaths

FOR OFFICE USE ONLY	
Annual Income both parents	
Contribution Offered	
E. Factor	Percentage
Reduced Fee Level	

Governing Body Review	
Accept Offer	<input type="checkbox"/>
Apply Reduced Fee	<input type="checkbox"/>
Signature:	Date: