



SAXONWOLD PRIMARY SCHOOL

ADDRESS: 13 Aldswold Road, Saxonwold, Johannesburg, 2198

TEL.: (011) 646 5510

'Bold & Significant Schooling for the South African Future'

SAXONWOLD PRIMARY SCHOOL

UNDERTAKING TO PAY FULL SCHOOL FEES WHERE THE FEE PAYER IS NOT A "PARENT" AS DEFINED IN THE SOUTH AFRICAN SCHOOLS ACT NO 84 OF 1996

I hereby undertake to pay in full the annual school fee on behalf of the following pupil who is already enrolled in the school, or who has now been accepted for enrolment, subsequent to application for admission being made:

Full name of pupil: _____ **in grade** ____ **in 20** ____.

I understand and acknowledge that:

- ♦ The offer was made voluntarily by me, without coercion by the school;
- ♦ The commitment shall be a continuing obligation and will remain in force until such time as the learner ceases to be an enrolled/registered pupil at the school;
- ♦ The amount payable will be the school fee as determined annually by the parents present and voting at the annual Budget Meeting of the school;
- ♦ In making this offer, I am not accepting any responsibilities other than the financial obligation envisaged by this agreement, and **do not undertake to fulfil any other obligations of a parent** as envisaged by the definition of a parent in the South African Schools Act (i.e., Definition C).

Details of person accepting liability to pay the annual school fee

Full name of person agreeing to pay fees: _____

Address of person agreeing to pay fees: _____

Identity number of person accepting liability to pay the annual school fee: _____

Number where fee-payer can be contacted: Daytime: _____ After hours: _____

E-mail address where person agreeing to pay fees can be contacted: _____

Parent's / Guardian's name: _____

Parent's / Guardian's address: _____

Details of proposed alternative payments

I undertake to pay the amount of R_____ into the School's bank account per (select one)

debit order (this is the strongly preferred method of payment) **OR**

cheque/direct deposit

on the _____ day of each month, starting on _____ and continuing until the pupil leaves the school.



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Signed (person agreeing to pay fees):

Signed (on behalf of the school):

Full names of person signing on behalf of the school:

Date:

GAUTENG DEPARTMENT OF EDUCATION

SAXONWOLD PRIMARY SCHOOL

13 ALDSWOLD ROAD SAXONWOLD 2132

P.O. BOX 2178 SAXONWOLD 2132

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