

LAERSKOOL KENMARE

1 Frederick Cooper Dr, Kenmare, Krugersdorp, Gauteng, 1745
P O Box 3100, Kenmare, Gauteng, 1745
Tel: 011 955 1074, Fax: , Email: invorderings@kennies.co.za

Dear Parents/Guardians

Please find attached the sliding scale application for Exemption of School Fees as required by the Gauteng Department of Education.

TERMS AND CONDITIONS REGARDING YOUR APPLICATION:

Please note that no application will be accepted unless the following documents are not attached and verified before a commissioner of oath.

- 1. Proof of Administration/Sequestration/Liquidation
- 2. Income
 - O Both Parents Salary Slips AND
 - O 3 Months Bank Statements Original from the Bank
 - O Proof of receiving a Pension OR
 - O Proof of receiving a Welfare Grant OR
 - O Proof of Unemployment (OR Affidavit) OR
 - O Proof of Retrenchment OR
- 3. Proof of Foster Care/Guardian/Place of Safety
- 4. Expenditure
 - O Complete Statement of Monthly Expenditures on Page 6
 - O Copy of All the following Accounts
 - Rent
 - Municipality account
 - Clothing/Revolving Credit/Credit Card Accounts
 - Furniture Accounts
 - Telephone and Cell Phone Accounts
 - Insurance and Other Expenditures
- 5. Copy of divorce order.
- 6. Copy of death certificate.
- 7. Learner(s) unabridged birth certificate.
- 8. Certified copy of both parents ID's

Kindly note that the final date for submitting your application is: 2019-02-28

You will be notified in writing as to the outcome of your application on: As soon as possible after return date.

Your assistance in this regards is appreciated.

Your Sincerely

Mnr. J COETZER

Governing Body: Chairperson

Mnr. JW IMMELMAN

Principal

FOR OFFICE USE ONLY

Application No	Family Code	Account Number	Date Collected
EA001/2021	02491	ALEX02	2021-01-25



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GAUTENG EDUCATION DEPARTMENT JUSTIFICATION BY PARENT/GUARDIAN OF INABILITY TO PAY

Part Exemption

a) State your needs: Full Exemption

			completed e not filled							arner(s).F	ull detai	ls must be sub	omitted.
c) .	The comp	he completed form must be submitted to the Governing Body by the Principal of the school											
d)	It is the re	sponsibil	ity of the p	arent/g	uardia	n to prov	ide his y	yearly	/ incor	ne: IRP	5.		
1. PARTICUL	ARS OF LE	EARNER(S)	ONLY IN T	ніѕ ѕсн	OOL								
		Learner 1	ļ		Lear	ner 2			Learr	ner 3		Learner 4	
Surname													
First Name													
ID Number													
Grade													
2. PARTICUL	ARS OF PA	ARENTS/GI	UARDIAN	•	•						•		
Personal Info	ormation - F	Parent/Gua	rdian										
Туре	Father	Mother	Guardian	Foster C	Care P	lace of Sa	fety Ot	ther					
Full Names		I	L				-					Initials	
Surname												Sex	M F
ID Number					Marita	I Status	Single	Ma	arried	Divorced	Seperat	ed Widower	Other
Residential					•		l.				,	1	
Address												Postal Code	
Postal													
Address										,		Postal Code	
Telephone	Home				Worl	(Cell			
Email													
Employment	Info - Pare	nt/Guardia	n										
Unemplo	yed												
If you are une need to comp					states y	ou are une	employed a	and it r	must be	signed by	a commiss	ioner of oaths. Yo	ou will also
Employe	d					<u> </u>							
Occupation				Empl	•								ı
Employer				Addr	ess							Postal Code	
Self Emp	-												
Registered N	lame of Bus	siness								Те	lephone		
Nature of Bu	siness												
Business Address												1	
												Postal Code	
Other Inc		maintanana	a fram abari	abla bad	v diaahi	lity allower		ion ro	ntal of r	ranartiaa	interest rec	saived ata (A diva	ree arder
must be subn				able bod	y, disabi	illy allowar	ices, pens	sion, re	ntal of p	properties,	nterest red	eived etc. (A divo	orce order
Description													

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3. PARTICULARS OF DEPENDA	ANTS IN OTHER SCHOOLS				
Name	Surname	Date of Birth	Name of School	I	Grade
4. PARTICULARS OF DEPENDA	ANTS IN UNIVERSITIES, COLLEGES,	TECHNICONS AN	ND NURSERY SCHOOLS		
Name	Surname	Date of Birth	Name of School	ı	Level/Year
5. GUARDIAN INFORMATION					
	ether it is in terms of an injunction of ad	option,or in terms of	of good faith or in foster care		
, ,	you are a gadratan material motion it is in terms of an injunious relations, or in terms of good later or in recent care				
	NTS WHO ARE INCAPABLE OF SUF PON YOU. (UNEMPLOYED NOT INCI		SELVES OWING TO PHYSICAL	L OR MENTAL	DISABILIT
Name			Reason for Dependency		
	Surname	Date of Birth	Reason for I	Dependency	
	Surname	Date of Birth	Reason for I	Dependency	
	Surname	Date of Birth	Reason for I	Dependency	
	Surname	Date of Birth	Reason for I	Dependency	
7. FINANCIAL INFORMATION	Surname	Date of Birth	Reason for I	Dependency	
7. FINANCIAL INFORMATION Annual gross income of parents.		Date of Birth	Reason for I	Dependency	
Annual gross income of parents				Dependency	
Annual gross income of parents	/quardian.			Dependency Total	
Annual gross income of parents	/guardian. elow must be attached. (Latest pay slip		atements etc)		
Annual gross income of parents, Proof in support of particulars be Salaries and Wages - Annual Grandle - Salaries, Wages, Month!	/guardian. elow must be attached. (Latest pay slip		atements etc) Parent/Guardian	Total	
Annual gross income of parents, Proof in support of particulars be Salaries and Wages - Annual Gr	/guardian. elow must be attached. (Latest pay slip ross Income		atements etc) Parent/Guardian R	Total	
Annual gross income of parents, Proof in support of particulars be Salaries and Wages - Annual Grand - Salaries, Wages, Month!	/guardian. elow must be attached. (Latest pay slip ross Income ly, Weekly, Fortnight, Bonuses, Overtime,		atements etc) Parent/Guardian R R	Total R R	
Annual gross income of parents, Proof in support of particulars be Salaries and Wages - Annual Grand *Included – Salaries, Wages, Monthly Commission.	/guardian. elow must be attached. (Latest pay slip ross Income ly, Weekly, Fortnight, Bonuses, Overtime,		atements etc) Parent/Guardian R R Total A	Total R R	

R	R
R	R
Total A	R
R	R
R	R
Total B	R

Other Income - Annual Gross Income

*Included – Maintenance if Divorced, Maintenance from Charitable Body, Disability Allowance, Pension, Rental of Properties, Interest Received etc.

Parent/Guardian

Income Received From	Gross Income
1.	R
2.	R
3.	R
Total C	R

Total Gross Income (A + B + C)

R

Please Note:

Unemployed Parents/Guardians please submit an affidavit that state you are unemployed and it must been signed by a commissioner of oath. If your condition changes please let the governing body know.

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8. VOLUNTARY CONTRIBUTION

If you cannot afford the full school fees please state which amount you can afford to pay for each learner in the school.

Learner Name	Amount of Contribution
1.	R
2.	R
3.	R

9. STATEMENT OF MONTHLY HOUSEHOLD EXPENDITURES

(NOTE: Copies of accounts must be attached)

Rent/Bond		R
Water and Lights		R
Vehicle (Balance: R)	R
Fuel		R
Groceries		R
Meat		R
Vegetables		R
Milk and Bread		R
Clothes/Revolving Accounts		
1	Balance R	R
2	Balance R	R
3	Balance R	R
4	Balance R	R
Furniture (Balance: R)	R
Chemist (Regular medication for asthma, h	neart, blood, etc.)	R
Pocket Money for child(ren)		R
Church Contribution		R
Insurance		R
Telephone and Cell Phone		R
Policies		R
TV/M-Net		R
Personal Loans		R
Other instalment sale agreements: Hypera	ma, etc.	
1	Balance R	R
2	Balance R	R
3	Balance R	R
4	Balance R	R
	Total	R

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10. REASON
Any other reason why parent/guardian is unable to pay school fees.
44 OREGIAL COMMENTS
11. SPECIAL COMMENTS
Any other reason why parent/guardian is unable to pay school fees.

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12. STATEMENT OF PARENT/GUARDIAN	
and that all the information in this application form is	hereby solemnly declare that I am not in a mentioned. I have not withheld any information concerning my circumstances correct. I agree that should it at any stage be ascertained that the ed school fees will become payable on the amount determined by the
Date:	Signature: Father/Guardian
	Mother/Guardian
The parent/guardian confirms that he/she is fully conv	versant with the contents of this statement and understands it.
Sworn to and signed in my presence in	on this day of 20
Official stamp	
	aths
	1415
13. Consent and Indemnity Form	
Consent and indemn	ity form for my personal credit report
Individual/s Information:	
Parent/Guardian	
Surname:	First Name:
ID Number:	Other ID/Passport:
Date of Birth:	Contact No:
I/we hereby authorise The Company MarisIT Developr forward or make available my personal credit report.	mant CC and/or TPN Group (PTY Limited) duly authorised verification agent to
	on regarding my credentials, whether claimed or not, to the company, I rmation suppliers against any liability which result or may result from furnishing
The information is solely for my own personal use and	I will abide by the rules as set out by the National Credit Regulator.
Parent/Guardian	
Name	Surname
Signed at	on this day of
Signature	

NB! A copy of your ID must be included with this form!

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To whom it may concern,

The applicant is applying for exemption of school fees and as per the guidelines set out in the SA Schools Act no 84 of 1996. It would be appreciated if your institution could please issue a list of ALL accounts held by your institution and the last three months statements. Please stamp in the appropriate space below

Name				ID Number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
(absa)	Credit Card	No	Yes	Chosen yes – Account number
	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
	Credit Card	No	Yes	Chosen yes – Account number
	Fixed deposit	No	Yes	Chosen yes – Account number
NEDBANK	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
Standard Bank	Credit Card	No	Yes	Chosen yes – Account number
do Starradia Barrit	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
TO FINE	Credit Card	No	Yes	Chosen yes – Account number
First National Bank	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
	Credit Card	No	Yes	Chosen yes – Account number
CAPITEC	Fixed deposit	No	Yes	Chosen yes – Account number
BANK	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
	Credit Card	No	Yes	Chosen yes – Account number
African Bank	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
Postbank	Credit Card	No	Yes	Chosen yes – Account number
	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
OLDMUTUAL	Credit Card	No	Yes	Chosen yes – Account number
	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number
	Cheque	No	Yes	Chosen yes – Account number
	Savings	No	Yes	Chosen yes – Account number
Bidvest Bank	Credit Card	No	Yes	Chosen yes – Account number
	Fixed deposit	No	Yes	Chosen yes – Account number
	Investment	No	Yes	Chosen yes – Account number

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