



# 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
  - Both Parents Salary Slips AND
  - 3 Months Bank Statements - Original from the Bank
  - Proof of receiving a Pension OR
  - Proof of receiving a Welfare Grant OR
  - Proof of Unemployment (OR Affidavit) OR
  - Proof of Retrenchment OR
3. Proof of Foster Care/Guardian/Place of Safety
4. Expenditure
  - Complete Statement of Monthly Expenditures on Page 6
  - 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



# GAUTENG EDUCATION DEPARTMENT

## JUSTIFICATION BY PARENT/GUARDIAN OF INABILITY TO PAY

- a) State your needs: 

Full Exemption	Part Exemption	
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- b) This form must be completed by the parent or legal guardian of the learner(s). Full details must be submitted. Applications that are not filled in completely will not be considered.
- c) The completed form must be submitted to the Governing Body by the Principal of the school
- d) It is the responsibility of the parent/guardian to provide his yearly income: IRP 5.

### 1. PARTICULARS OF LEARNER(S) ONLY IN THIS SCHOOL

	Learner 1	Learner 2	Learner 3	Learner 4
Surname				
First Name				
ID Number				
Grade				

### 2. PARTICULARS OF PARENTS/GUARDIAN

#### Personal Information - Parent/Guardian

Type	Father	Mother	Guardian	Foster Care	Place of Safety	Other					
Full Names									Initials		
Surname									Sex	M	F
ID Number				Marital Status	Single	Married	Divorced	Seperated	Widower	Other	
Residential Address										Postal Code	
Postal Address										Postal Code	
Telephone	Home				Work				Cell		
Email											

#### Employment Info - Parent/Guardian

<input type="checkbox"/> Unemployed			
If you are unemployed you need to submit an affidavit that states you are unemployed and it must be signed by a commissioner of oaths. You will also need to complete section 13 and 14 of this application.			
<input type="checkbox"/> Employed			
Occupation			Employer Address
Employer			Postal Code
<input type="checkbox"/> Self Employed			
Registered Name of Business			Telephone
Nature of Business			
Business Address			Postal Code
<input type="checkbox"/> Other Income			
Maintenance if divorced, maintenance from charitable body, disability allowances, pension, rental of properties, interest received etc. (A divorce order must be submitted if maintenance is received)			
Description			

**3. PARTICULARS OF DEPENDANTS IN OTHER SCHOOLS**

Name	Surname	Date of Birth	Name of School	Grade

**4. PARTICULARS OF DEPENDANTS IN UNIVERSITIES, COLLEGES, TECHNICALS AND NURSERY SCHOOLS**

Name	Surname	Date of Birth	Name of School	Level/Year

**5. GUARDIAN INFORMATION**

If you are a guardian indicate whether it is in terms of an injunction of adoption, or in terms of good faith or in foster care

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**6. PARTICULARS OF DEPENDANTS WHO ARE INCAPABLE OF SUPPORTING THEMSELVES OWING TO PHYSICAL OR MENTAL DISABILITY AND WHO ARE DEPENDENT UPON YOU. (UNEMPLOYED NOT INCLUDED)**

Name	Surname	Date of Birth	Reason for Dependency

**7. FINANCIAL INFORMATION**

Annual gross income of parents/guardian.

Proof in support of particulars below must be attached. (Latest pay slips, divorce order, statements etc)

**Salaries and Wages - Annual Gross Income**

*\*Included – Salaries, Wages, Monthly, Weekly, Fortnight, Bonuses, Overtime, Commission.*

Parent/Guardian                      Total

R	R
R	R
<b>Total A</b>	R

**Own Business - Annual Nett Income**

*\*Included – Own Business, Trade, Profession or Farming.*

R	R
R	R
<b>Total B</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
<b>Total C</b>	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 be signed by a commissioner of oath. If your condition changes please let the governing body know.

## 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, heart, 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: Hyperama, etc.

1. \_\_\_\_\_ Balance R \_\_\_\_\_

R

2. \_\_\_\_\_ Balance R \_\_\_\_\_

R

3. \_\_\_\_\_ Balance R \_\_\_\_\_

R

4. \_\_\_\_\_ Balance R \_\_\_\_\_

R

Total

R

[illegible]

## 11. SPECIAL COMMENTS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 12. STATEMENT OF PARENT/GUARDIAN

(Full name) \_\_\_\_\_ hereby solemnly declare that I am not in a position to pay the full school fees of the child(ren) mentioned. I have not withheld any information concerning my circumstances and that all the information in this application form is correct. I agree that should it at any stage be ascertained that the information provided by me is inaccurate, the required school fees will become payable on the amount determined by the Governing Body.

Date: \_\_\_\_\_ Signature: Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

The parent/guardian confirms that he/she is fully conversant with the contents of this statement and understands it.

Sworn to and signed in my presence in \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Official stamp

\_\_\_\_\_  
Magistrate/Justice of the peace/Commissioner of oaths

## 13. Consent and Indemnity Form

### Consent and indemnity 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 Developmant CC and/or TPN Group (PTY Limited) duly authorised verification agent to forward or make available my personal credit report.

I authorise their suppliers to furnish personal information regarding my credentials, whether claimed or not, to the company, I unconditionally indemnify them and its verification information suppliers against any liability which result or may result from furnishing information in this regards.

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!**

#### 14. BANK VERIFICATION- PRIMARY PARENT/GUARDIAN

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

Full Name	ID Number
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	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
	Investment	No	Yes	Chosen yes – Account number
 <b>NEDBANK</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>Standard Bank</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>FNB</b> First National Bank	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
	Investment	No	Yes	Chosen yes – Account number
 <b>CAPITEC BANK</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>African Bank</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>Postbank</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>OLDMUTUAL</b>	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
	Investment	No	Yes	Chosen yes – Account number
 <b>Bidvest Bank</b>	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
	Investment	No	Yes	Chosen yes – Account number

# AFFIDAVIT

I, the undersigned

**Steven Peter Alexander**

States under oath in English that:

**1.**

I am an adult male of 49 years of age with identity number 711210 5087 08 0, residing at

25 Gregor Straat  
Witpoortjie

**2.**

The facts contained herein, save where indicated otherwise, are within my own personal knowledge and are to the best of my knowledge and belief both true and correct.

**3.**

I hereby submit the following with respect to

**Theresa Elizabeth Alexander, 800930 0196 08 9**

- I do not know the whereabouts of the above
- I have no contact with the above
- The above is unwilling or uncooperative to apply for an exemption

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

I am aware that should I make a false statement this will constitute a criminal offence

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**Steven Peter Alexander**



It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the \_\_\_\_\_ day of \_\_\_\_\_ 2021, at \_\_\_\_\_, the deponent having confirmed and acknowledges :-

- a) That he/she knows and understands the contents of this declaration.
- b) that he/she has no objection to taking the prescribed oath.
- c) and that he/she considers the prescribed oath as binding on his conscience
- d) that he/she is aware that making a false statement constitutes a criminal offence

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**COMMISSIONER OF OATHS**

Full names:

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Address:

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Area:

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Designation:

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