



HILLCREST CAMBRIDGE ACADEMY

19 Harley Street Corner Oak Avenue
Randburg
Telephone: 0102119626 CELL: 0629534866/0785006587

UNDERTAKING IN TERMS OF COMPULSARY SCHOOL FEES: 2021

I/We, the undersigned

Mr _____ ID NO _____
(full name of parent/guardian)

Of _____
(residential address/ *domicillium citandi: et executandi*)

AND

Mrs/Ms _____ ID NO _____

Residential Address:

(*domicillium citandi: et executandi*)

Hereby apply for the enrolment of:

NAME OF CHILD		GRADE 2021
1.		
2.		
3.		
4.		

We hereby agree and undertake to pay school fees for the above mentioned learner(s) for the 2021 school year in the amount of R_____ per learner to the school. The deposit of R_____ for 2021 is due before _____.

- FIRST PAYMENT – R_____ PER LEARNER: PAYABLE ON/BEFORE _____. (THIS FIRST PAYMENT IS PART OF COMPULSORY SCHOOL FEES)

A		FULL PMT OF R3000 PER LEARNER BEFORE _____	ALREADY PAID	DATE:
B		R_____ (PER LEARNER)	WILL BE PAID	DATE:

SCHOOL FEES ONLY

☐ 1.1 **Lump sum** payment of R_____ by _____
(R_____) per child

☐ 1.2 Lump sum payment of the balance by _____ R_____
(R_____) per child

☐ 1.3 Monthly payment arrangement (school fees are due in advance). (This agreement is only acceptable if this form is completed and returned to the Bursar's office by not later than _____.)

1	30 January 2021	4	30 April 2021	7	31 July 2021	10	31 October 2021
2	28 February 2021	5	31 May 2021	8	31 August 2021		
3	31 March 2021	6	30 June 2021	9	30 September 2021		

PAYMENTS MAY BE MADE DIRECTLY INTO OUR BANK ACCOUNT.

BANK: FNB

ACCOUNT NUMBER: 62700007182

BRANCH CODE: 250655

REF: CHILD'S NAME (e. g. Rumbidzai Nyamuronda)

ACCOUNT NAME: Perothe Holdings

PLEASE EMAIL DETAILS OF DEPOSIT TO: admin@hillcrestacademy.co.za

I/We _____ understand and accept that the governing body reserves the right to increase the school fees during the course of 2021 school year provided at least thirty days' notice thereof is given to me.

I/We _____ to give the Governing Body notice of not less than one school term before removing the above children from the School irrespective of the reason for such removal. If such notice is given, I/We _____ shall be entitled to a pro-rata refund of school fees paid by me in respect of the above children, excluding the notice term. If i/we _____ fail to give such notice, payment in lieu of notice amounting to one's term's contribution will become payable.

I/We _____ hereby choose as my domicilium citandi et executandi for all purposes under this agreement the address given above. I/We _____ undertake 14 days' written notice to the effect of a change of my address.

Signature of parent/legal guardian responsible for
Paying fees

Date

Signature of parent/legal guardian responsible for
Paying fees

Date

I _____ opt to pay my
child(ren)'s fees as follows

TICK APPROPRIATE BOX

- | | |
|---|--------------------------|
| 1. In ONE full payment of R _____ | <input type="checkbox"/> |
| 2. In TWO full payments of R _____ | <input type="checkbox"/> |
| 3. In THREE full payments of R _____ | <input type="checkbox"/> |
| 4. In TEN payments of R _____ | <input type="checkbox"/> |

Name of Principal

Name of Parent

Signature of Principal

Signature of Parent

Date: _____

Date: _____