DIE WILGE HIGH SCHOOL

APPLICATION FOR EXEMPTION OF SCHOOL FEES

2024

LEARNER INFORMATION			
SURNAME			
NAME OF CHILD		DATE OF BIRTH	

PARENT / GUARDIAN INFORMATION		
	MOTHER	FATHER
SURNAME		
NAME		
ADDRESS		
CONTACT NUMBER	CELL:	CELL:
	WORK:	WORK:
OCCUPATION		
EMPLOYER		
EMPLOYER CONTACT NR		

PLEASE ATTACHED THE FOLLOWING DOCUMENTATION	CHECK LIST
1. Application form(s) **signed and sworn at SAPD**	
2. **BRING PROOF OF SASSA GRANT INCOME**	
2. Affidavit from police if you have no contact with the father	
3. Certified **salary advises** of last 3 months of **BOTH** parents **OR Affidavit if you are unemployed**	
4. **Bank statements** of the last 3 months of BOTH parents	
5. Certified copy of **death certificate** (if applicable) of father/mother	
6. Certified copies of **LEGAL documents** (Adoption / Foster care - COURT ORDER)	
7. Bank statements for the past 3 month of BOTH parents	
8. Complete application handed in before 27 February each year	

DECLARATION BY PARENT/GUARDIAN	SAPD
I, _____ hereby declare that the information provided is the truth. _____ _____ Signatue of Parent/Guardian DATE	SAPD Officer Name:_____ Commissioner of Oath No.:_____ SAPD STAMP

OFFICIAL USE:		Dear Parent
FATHER INCOME:	R_____	Your application for exemption for school fees was
MOTHER INCOME:	R_____	Granted / Not granted
OTHER INCOME:	R_____	Amount due for the year: R_____.
TOTAL INCOME:	R_____	
NUMBER OF CHILDREN IN SCHOOL	_____	_____ CHAIRPERSON OF THE GOVERNING BODY
EXEMPTION GRANTED	R_____	**Transport Bursary**: Approved / Not approved
MONTHLY REPAYMENT	R_____	_____ Mr. S. Nocanda Deputy Principal