

**APPLICATION FOR EXEMPTION OR PARTIAL EXEMPTION FROM THE PAYMENT
OF SCHOOL FEES FOR 20....**

PREAMBLE

This application is applicable for exemption from payment of school fees for **Fairmont High School ONLY**.

Should this application, together with the required supporting documentation not be completed in its entirety, the application will be returned to the applicant.

Application forms will be returned if the required documentary evidence is not attached, if all details have not been included, if the application has not been sworn to by the parents(s) or legal guardian(s) in paragraph 6 hereof, and if the application has not been submitted to a Commissioner of Oaths.

In cases where learners from one family attend more than one school, a separate application form must be obtained from the other relevant school.

INSTRUCTIONS

- (a) This application must be filled in with printed lettering and signed by the learner's parent(s) or legal guardian(s).
- (b) This application is to be completed in full by the learner's parent(s) or legal guardians(s).
- (c) Where reference is made to supporting documentary evidence, this must be attached to the fully completed application before the application as a whole is submitted to a Commissioner of Oaths for certification.
- (d) Where certified copies are required the original thereof must be submitted to a Commissioner of Oaths.
- (e) Where space is insufficient, please supply information on a separate sheet.
- (f) All alterations must be signed in full.

Any queries relating to the completion of this application should be directed to the Financial Administrator - **Fairmont High School**.

The contents page on page 2 of this application should be used as a checklist of sections to be completed, marking the completed sections as appropriate with a √ (Tick) to indicate complete.

ALL applicants must complete sections 1-6, together with the appropriate annexure(s) as may be applicable.

ANNEXURE E on page 20 is a compulsory annexure, required to be completed for ALL applications.

Application Contents & Completion checklist

Section	Description	Page	Completed: Y/N ; n/a
1	Particulars of parent(s)	3	
2	Dependants	4	
3	Particulars of learner(s) for which application is made	4	
4	Personal and financial details of parent(s) or guardian(s)	5	
5	Further particulars required from parents(s) or guardian(s)	8	
6	Sworn statement by parent(s) / guardian(s)	8	
Annex A (pg 1-2)	Analysis of monthly income & expenditure	9	
Annex B (pg 1-6)	Analysis of assets & liabilities	11	
Annex C (pg 1-2)	Analysis of income from business activities	17	
Annex D (pg 1)	Confirmation of income from employment – Employers certification	19	
Annex E	SA Schools Act 1994 – Regulations Exemption checklist (Annexure A) – NB completion & signature of this form is COMPULSORY. No application will be reviewed without this form being completed.	20	

For office use:

Date Received		Application Ref	
Account Ref		Account Name	
Reviewed		Date	
Approved		Date	
Outcome:			

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1. **PARTICULARS OF PARENT***

* The term 'Parent' is defined as:

- (a) the parent(s) or legal guardian(s) of a learner,
- (b) the person legally entitled to custody of a learner, or
- (c) the person who undertakes to fulfill the obligations of a person in (a) or (b) towards the learner's education at school.

Surname: _____ **Full names:** _____

Identity number: _____

Single Married Divorced*1 Guardian*2 Widower Widow

*1 certified copy of original court order and any subsequent order to be submitted

Yes	No
Yes	No

*2 certified copy of original court order and any subsequent order to be submitted

(Office Use)

Residential Address: _____

Postal Address: _____

Telephone Numbers:

Home: _____

Work: _____

Fax No: _____

Cell Phone No: _____

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2. DEPENDENTS

2.1 Particulars of all dependent LEARNERS including students under 26 years of age in respect of the academic year (EXCLUDING unemployed dependents) in respect of current academic year.

NAME AND SURNAME	IDENTITY NUMBER	DATE OF BIRTH	NAME OF STUDY INSTITUTION	GRADE/ LEVEL

2.2 Particulars of children not at school (younger than school-going age)

NAME AND SURNAME	DATE OF BIRTH	IDENTITY NUMBER

3. PARTICULARS OF LEARNER(S) FOR WHOM APPLICATION IS MADE

DETAILS	LEARNER 1	LEARNER 2	LEARNER 3
Surname			
First Names			
Date of Birth			
Grade			

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4. PERSONAL AND FINANCIAL DETAILS OF PARENT(S) OR GUARDIANS

4.1 (a) Employment details of Parent(s) or Guardians(s)

OCCUPATION/JOB TITLE	EMPLOYER'S NAME, ADDRESS & TELEPHONE NO. (or details of own business)	NUMBER OF YEARS WITH PRESENT EMPLOYER

4.1 (b) If employed less than three (3) years with existing employer, give details of previous employment.

NAME			
ADDRESS			
TELEPHONE		Years:	

4.1 (c) Details of spouse' employer / own business.

NAME OF SPOUSE & OCCUPATION / JOB TITLE	NAME AND ADDRESS OF SPOUSE'S EMPLOYER AND TELEPHONE NO. (or details of own business)	NUMBER OF YEARS WITH PRESENT EMPLOYER
NAME		
OCCUPATION		

4.1 (d) If spouse employed less than three (3) years with existing employer, give details of previous employment.

NAME			
ADDRESS			
TELEPHONE		Years	

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4.2 **COMBINED GROSS ANNUAL INCOME OF PARENT(S) OR GUARDIAN(S)***

* The **TOTAL GROSS ANNUAL INCOME** of the parent(s) or guardian(s) must be indicated below Accompanied by Certified documentary proof provided as follows:

- (1) Certificate of earnings as Appendix "C"
- (2) Latest IRP5 form
- (3) Latest SARS Income Tax return
- (4) Latest SARS Income Tax return
- (5) Statements of Profit and Loss
- (6) Latest Audited Balance Sheet (if own business)
- (7) Any other documentation you deem necessary that may influence this application

4.2.1 Current **TOTAL GROSS ANNUAL INCOME** of applicant & spouse from employment or business activities

Income derived from:		Applicant	Spouse
a.	Basic Annual Salary / Wage / Pension		
b.	Commissions		
c.	Overtime payments		
d.	Annual bonus (13 th cheque)		
e.	Annual production bonus		
f.	Annual profit share bonus		
g.	Director / Member emolument		
h.	Vehicle (travel) allowance		
i.	Company car (estimate of annual value)		
j.	Entertainment allowance		
k.	Living Out Allowance		
l.	Housing subsidy		
m.	Clothing allowance		
n.	Income from shares / investments		
o.	Income from rented properties (net after bond)		
p.	Income from Trusts		
q.	Other income (specify): - - - -		
Sub –Totals		R	R
TOTAL COMBINED ANNUAL INCOME		R	

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4.3 Other gross annual income of parent or guardian in respect of maintenance (if divorced) and other incomes *

* The **TOTAL GROSS ANNUAL INCOME** of the parent or guardian must be indicated below and certified documentary proof provided, in terms of CLAUSE 1 HEREOF and as follows:

1. Certified documentary proof clearly indicating amounts **MUST** be attached.
2. Any other documentation you deem necessary that may influence this application

Present TOTAL GROSS ANNUAL ADDITIONAL INCOME from:		Applicant
a.	Children's allowances (maintenance)	
b.	Foster parent allowances	
c.	Assistance from a welfare organization	
d.	Disability allowance	
e.	Old age pension (or other pension allowance)	
f.	<u>Other income (specify)</u> - - - -	
TOTAL OTHER GROSS ANNUAL INCOME		R

GRAND TOTAL OF ALL ANNUAL INCOMES in 4.2 & 4.3 above	R
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5. **FURTHER PARTICULARS REQUIRED FROM PARENTS(S) OR GUARDIAN(S)**

5.1 The total monthly necessary expenditure of the applicant amounts to

R	*
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NB *This amount must be substantiated by completing the attached statement (ANNEXURE A)

5.2 Any special pints the parent(s) or guardians(s) would like to bring to the attention of the School Governing Body.

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5.3 **IF REGISTERED AS UNEMPLOYED**

If unemployed give reason and state whether parent(s) or guardians(s) is/are registered as unemployed. If so, state the reference number(s) of the Department of Labour.

No. _____

No. _____

6. **DECLARATION BY PARENT OR GUARDIAN**

I (full name and surname)

Hereby solemnly declare that without the assistance for which I am here applying, I will not be in a position to provide for the education of the children mentioned in paragraph 3, that I have not withheld any information whatsoever regarding circumstances and that all information given on this application form is correct. I accept that if at any stage it is established that the information given by me is not correct, exemption granted will be withdrawn and the amount of such exemption will be recovered from me.

I/We further agree that any exemption or partial exemption provided on assessment of this application, will be granted subject to the submission of a sworn affidavit on or before 31 July of the year to which this application relates, or at any such time as the school requests for such confirmation to be made, confirming that the disclosures made in this application have not changed. In the event that my/our circumstances have changed from those disclosed subsequent to the date of this application, I/we will provide the school full written disclosure of such changes within 7 working days of such change in circumstances. I/We acknowledge that in accordance with the provisions of the SA Schools Act 84 of 1996, should the school become aware of any material facts which would give rise to a different rating for exemption or partial exemption, that the school shall at its own discretion, reassess this application & advise you of the revised decision.

Signature: _____

Date: _____

The deponent hereby pledges that he or she is fully conversant with the comments of this declaration and understands it.

Sworn before me at On this theday of

Magistrate / justice of the Peace / Commissioner of Oaths *
(*Delete which is not applicable)

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MONTHLY INCOME AND EXPENDITURE

With a view to assessing the applicant’s ability to pay, the following information is required in respect of the applicant’s gross monthly income and expenditure:

GROSS MONTHLY INCOME	R
Less: All Statutory deductions (SITE, PAYE, UIF and Pension / Provident fund contributions)	R ()
NET MONTHLY INCOME	R

Analysis of Average monthly expenditure:

Bond repayments/rentals	R
Electricity and water	R
Rates and Services	R
Telephone	R
Food	R
Transport	R
Insurance	R
Life/Unit Trust Policies	R
Medical premiums (State name of Medical Fund / Aid)	R
Medical expenses NOT covered by a Medical Fund/Aid	R
Entertainment	R
Pocket-money for learners	R
Hire purchase transactions(s)	
Miscellaneous (specify)	
.....	R
.....	R
.....	R
Total monthly expenditure	R

VOLUNTARY OFFER OF MONTHLY CONTRIBUTION TOWARD SCHOOL FEES

Amount parent / guardian is willing to contribute per month (per learner) on a voluntary basis, understanding that the Balance is subsidized by other school parents and <u>NOT the state</u>	R
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STATEMENT BY PARENT OR GUARDIAN

I (full names and surname)
Hereby solemnly and sincerely declare that I am not withholding any information regarding my monthly income and expenditure and that all particulars given in the above analysis, **ANNEXURE A**, are correct to the best of my understanding
.

Signature: _____

Date: _____

The deponent admits that he/she is fully aware of and understands this statement.

Sworn before me at on this theday of

Magistrate / Justice of the Peace / Commissioner of Oaths *
(Delete which is not applicable)

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EVALUATION OF ASSETS AND LIABILITIES

With a view to assessing the applicant's ability to pay, the following information is required in respect of the applicant's Assets and Liabilities:

1.0 ASSETS

1.1 List of Assets at date (As at the end of the previous tax year)

1.1.1 Fixed property owned by you and /or your spouse (at market value according to evaluation)

(a) Owned

Registered owner	District / Township	Stand No	Size (m2)	Purchase price	Date	Est. market value
(Please continue on separate page if necessary)					TOTAL to Summary [pg 5, Annex B]	R

(b) Purchased under DEED OF SALE AGREEMENT

Description	Value
(Please continue on separate page if necessary)	TOTAL to Summary [pg 5, Annex B]
	R

1.1.2 **MOVEABLE** Property owned by you and / or your spouse. Moveable property such as vehicles, equipment, implements household assets (at market value). Please add additional data to a separate page if necessary

Make and Type	Year New	Insured Value	Market Value
(Please continue on separate page if necessary)	TOTAL to Summary [pg 5, Annex B]	R	

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1.1.3 Insurance Policies

Company	Type (RA/Life/Endowment)	Amount of Cover	Surrender Value
(Please continue on separate page if necessary)			TOTAL to Summary [pg 5, Annex B]
			R

1.1.4 Bank Balances

Description	Bank	Building Society	Amount
Savings Accounts			
Fixed Deposits			
Current Account/s			
Other			
(Please continue on separate page if necessary)			TOTAL to Summary [pg 5, Annex B]
			R

1.1.5 Other Investments and Assets held by you and/or your spouse*

*(includes investments held under Shares, Unit Trusts, etc)

Description	Amount
Shares	
Unit Trusts	
Other	
Other	
(Please continue on separate page if necessary)	
TOTAL to Summary [pg 5, Annex B]	
R	

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ANNEXURE B (Page 3 / 6)

2.0 LIABILITIES

2.2 List of liabilities as at (As at the end of the previous tax year)

2.2.1 Bonds (Mortgages, Loans)

(a) Over Fixed Property listed under ASSETS 1.1.1 (a)

District/Township	Bondholder	Monthly payment	Amount owing
(Please continue on separate page if necessary)			TOTAL to Summary [pg 5, Annex B]
			R

(b) Amounts owing under DEED OF SALE AGREEMENTS listed under ASSETS 1.1.1 (b)

Bondholder / Seller	Final repayment date	Monthly Repayment	Amount owing
(Please continue on separate page if necessary)			TOTAL to Summary [pg 5, Annex B]
			R

2.2.2 Hire Purchase Agreements and Leasehold Agreements (finance & operating leases)

Company	Repayment Date	Monthly Repayment	Amount owing
(Please continue on separate page if necessary)			TOTAL to Summary [pg 5, Annex B]
			R

2.2.3 Other Liabilities and Loans from: (specify)

Description of Institution - Type	Amount owing
Banks	
Credit Cards	
Other Loans	
Other Liabilities	
(Please continue on separate page if necessary)	
TOTAL to Summary [pg 5, Annex B]	
R	

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2.2.4 Accounts Payable (specify)

Description - Type	Amount
(Please continue on separate page if necessary)	TOTAL to Summary [pg 5, Annex B]
	R

2.2.5 Bank Overdraft (specify)

Description	Amount
(Please continue on separate page if necessary)	TOTAL to Summary [pg 5, Annex B]
	R

2.2.6 Contingent Liabilities

Description	In favour of	Amount
Guarantees provided		
Notarial bonds		
Other encumbrances		
(Please continue on separate page if necessary)	TOTAL to Summary [pg 5, Annex B]	R

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ANNEXURE B (Page 5 / 6)

SUMMARY OF ASSETS AND LIABILITIES AS AT

ASSETS

Item No	Description (Detailed analysis to be disclosed on pages 1-2/6 of this Annex B)	Amount
1.1.1 (a)	FIXED PROPERTY - OWNED	R
1.1.1 (b)	PURCHASED UNDER DEED OF SALE AGREEMENTS(S)	R
1.1.2	MOVEABLE PROPERTY – VEHICLES, EQUIPMENT, ETC	R
1.1.3	INSURANCE POLICIES	R
1.1.4	BANK BALANCES	R
1.1.5	OTHER INVESTMENTS AND ASSETS	R
TOTAL ASSETS		R

LIABILITIES

Item No	Description (Detailed analysis to be disclosed on pages 3-4/6 of this Annex B)	Amount
2.2.1 (a)	BOND/ S OVER FIXED PROPERTY – OWNED	R
2.2.1 (b)	AMOUNT(S) OWING UNDER DEED OF SALE	R
2.2.2	HIRE PURCHASE AGREEMENS AND LEASE DEBTS	R
2.2.3	OTHER LIABILITIES AND LOANS	R
2.2.4	ACCOUNTS PAYABLE	R
2.2.5	BANK OVERDRAFT	R
2.2.6	CONTINGENT LIABILITIES	R
TOTAL LIABILITIES		R

TOTAL NET ASSETS OR (LIABILITIES)		R
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STATEMENT BY PARENT OR GUARDIAN

I (full names and surname)
Hereby solemnly and sincerely declare that I am not withholding any information regarding my monthly income and expenditure and that all particulars given in the above analysis, **ANNEXURE B**, are correct to the best of my understanding
.

Signature: _____

Date: _____

The deponent admits that he/she is fully aware of and understands this statement.

Sworn before me at on this theday of

Magistrate / Justice of the Peace / Commissioner of Oaths *
(Delete which is not applicable)

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EVALUATION OF INCOME FROM BUSINESS

With a view to assessing the applicant’s ability to pay, the following information is required in respect of any business interests the applicant may have:

1. NET INCOME (PROFIT OR EARNINGS)

From own business, undertaking, trade, practice or farming tax year, i.e. gross production income and earnings even though there was no cash yield, minus expenditure (own salary and goods withdrawn) which were essential for running the business or farming or professional practice.		Amount
a.	Business(es)	R
b.	Farming activities	R
c..	Professional income (income from practice)	R
d.	other sources of income, e.g. for services rendered, transport, contract work, consultancy services which were not mentioned in paragraph 1(a) to (c) (excluding rental received and income earned from Interest)	R
TOTAL AMOUNT OF NETT INCOME (PROFIT OR EARNINGS)		R
If there is a loss, mention the total amount involved		R ()

Attach a copy of the Income Statement that was last submitted to the Receiver of Revenue.

NOTE: In calculating the net income or net loss in paragraph 1, only actual expenditure necessary to Generate the income of the undertaking, the farm or vocation may be taken into amount (excluding personal and household expenditure).

2. EVALUATION OF INCOME FROM BUSINESS UNDERTAKING PLUS ASSETS

2.1	6% of the net value of assets of the amount In par. 2.3 of annexure “B” if it is a surplus balance	R
2.2	Plus net income calculate in par. 1 above OR minus Nett loss as shown in table 1 above	R
2.3	The total income generated by business undertakings, trade or farming. This amount must correspond with that mentioned in par. 4.2 of the application form.	R

DECLARATION OF DISCLOSURE OF COMPLETENESS AND ACCURACY OF FINANCIAL INFORMATION IN AGREEMENT WITH FINANCIAL RECORDS OF BUSINESS UNDERTAKING DISCLOSED IN ANNEXURE C

Ihereby declare that the above information in respect of Mr / Mrsis complete and accurate in all material respects and to the best of my knowledge is in agreement with the financial data as recorded in the books and records of the business undertaking disclosed in Annexure C above.

Auditor / Accountant / Bookkeeper

Address:
.....
.....
.....
.....
.....

Date:

Tel No:

Signature of applicant for exemption

Date:

NB: If bookkeeping is done by the applicant, this must be signed by a Commissioner of Oaths

Sworn before me at on this day of

Magistrate / Justice of the Peace / Commissioner of Oaths *
(Delete which is not applicable)

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ANNEXURE D

FOR COMPLETION BY THE APPLICANT’S EMPLOYER (ON A COMPANY LETTERHEAD) AND TO BE SIGNED FOR AND ON BEHALF OF THE EMPLOYER BY EITHER A MEMBER / DIRECTOR / PARTNER OR FINANCIAL MANAGER

Dear Sir / Madam

CERTIFICATE OF EARNINGS IN RESPECT OF DR./PROF./MR/MRS/MS

This is to certify that has been employed by this Closed Corporation / Company / Partnership since and at present holds the position of, receiving the following monthly remuneration package.

a.	Basic Monthly salary	R
b.	Commissions	R
c.	Average monthly income	R
d.	Average monthly bonuses (based upon bonuses paid during the past year – 13 th cheque, production, profit share, etc)	R
e.	Average monthly Member / Director emolument	R
f.	Average monthly entertainment	R
g.	Average monthly Living out allowance	R
h.	Average monthly housing allowance / subsidy	R
i.	Average monthly clothing allowance	R
Sub - Total		R
j.	The employee: a. is supplied with a company vehicle (<i>Value of income to be included = deemed private use as determined by SARS, currently 2.5% of purchase price per month</i>) b. is not supplied with a company vehicle c. received a monthly traveling allowance amounting to <i>[Please circle the option applicable]</i>	R
Total Gross Monthly Income		R

Yours faithfully

 (Signature & designation)

Date:

Print name please and designation (as above only) - For and on behalf of

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**SOUTH AFRICAN SCHOOLS ACT, No 84 OF 1996
REGULATIONS FOR THE EXEMPTION OF PARENTS FROM PAYMENT OF SCHOOL FEES
CHECKLIST FORM (SASA Regulations Annexure A)*
(Mark with a cross in applicable box.)**

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Has the principal informed you about the amount of the annual school fees to be paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Has the principal informed you that you are liable for the payment of school fees unless you are totally exempted from paying school fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Has the Principal informed you about your right to apply for exemption from paying school fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Do you wish to apply for such exemption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do you wish to be assisted in making such application | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Has the principal provided you with the form for application for exemption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of parent(s):

**Mr Ron Dingley
(Principal)**

Signature:

Date

Date

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