



**PAUL ROOS GYMNASIUM**  
**PAYMENT OF SCHOOL FEES – TERMS & CONDITIONS**

PRG charges compulsory school fees as permitted by the SA Schools Act. Payment is subject to the following terms and conditions:

1. Both the father and mother and/or, where applicable, the guardian(s) of every pupil are jointly and severally responsible for school fees in respect of such pupil.
2. Payments must be made by the due date. School fees are payable in full in advance at the start of the academic year. Should payment in 10 equal monthly instalments be arranged, each such payment must be made by not later than the 2<sup>nd</sup> day of each month from February to November. The parent/guardian is responsible to ensure timeous payment by means of the method chosen, i.e. by debit order, or electronic transfer. **If any payment is late or is not received as undertaken, the full outstanding balance of school fees for the year, as at the date of non-payment, will become due and payable immediately. If the full balance so due is not immediately settled, PRG will hand such amount over for collection.**
3. Should it be necessary for the school to instruct its attorneys or any collecting agent to collect school fees, the parent/guardian concerned shall be responsible for all collection costs plus collection commission and costs and fees in terms of Act 114 of 1998.

For **2018**, school fees have been set at **R33 700** per annum by a meeting of parents.

Please indicate how you undertake to pay:

- |   |   |
|---|---|
| 1. Single payment of <b>R33 700</b> by 28 February 2018.  | <input style="width: 50px; height: 25px;" type="checkbox"/> |
| 2. Ten monthly instalments of <b>R3 370</b> each by debit order, i.e. from 2 February 2018 to 2 November 2018.<br>(Please include completed 2018 debit order and proof of bank account number.)   | <input style="width: 50px; height: 25px;" type="checkbox"/> |
| 3. Ten monthly instalments of <b>R3 370</b> by electronic transfer, i.e. from 2 February 2018 to 2 November 2018.   | <input style="width: 50px; height: 25px;" type="checkbox"/> |
| 4. I believe I qualify for and intend to apply for a partial or full exemption from payment of school fees. I have been informed that the above-mentioned form is available at Room 14 and that I can ask for assistance in completing the form.<br><b>I undertake to hand in the application before 28 February 2018.</b> I shall, based on the amount awarded, make equal monthly payments in respect of the balance. | <input style="width: 50px; height: 25px;" type="checkbox"/> |
| 5. I would like to make a further voluntary donation of R.....towards the Capital Fund of the school. Planned date of payment.....  |   |

By signing this document, I accept the terms and conditions set out above and undertake to pay school fees strictly as undertaken above.

Signed at ..... on this ..... day of ..... 20 .....

.....  
 SIGNATURE  
 Father/Guardian

.....  
 SIGNATURE  
 Mother/Guardian

**Bank details: ABSA Stellenbosch, branch code 632005, account no 041 014 2791.  
 Please use your account number e.g. XYZ001, learner's name and surname as reference.**

**NAME OF LEARNER** .....

**GRADE ... E .....**

Full name and surname of person responsible for the account (parent / guardian):

ID no:.....e-mail.....

Marital status: Married / Unmarried / Divorced / Widower / Widower / Separated

Address (Physical and postal):

.....(H)Tel.....

.....(W)Tel.....

.....(Cell).....

.....(Fax).....

Name and address of employer: .....

.....Tel.....

Full name of other parent / guardian:

ID no:.....e-mail.....

Marital status: Married / Unmarried / Divorced / Widow / Widower / Separated

Address (Physical and postal):

.....(H)Tel.....

.....(W)Tel.....

.....(Cell).....

.....(Fax).....

Name and address of employer: .....

.....Tel.....

I agree that the above e-mail addresses and cellphone numbers may be used by the school for communication. I declare that the information provided above is correct and that I shall inform the school timeously in writing of any changes.

.....  
Father/Guardian

.....  
Mother/Guardian

Name and surname of learner:.....

Grade (2018): .....(Office use: Acc no: .....)

NAME OF LEARNER .....

GRADE ... E .....

**PAUL ROOS GYMNASIUM  
SCHOOL DEBIT ORDER 2018**

**PERSONAL DETAILS**

SURNAME: \_\_\_\_\_

FIRST NAME AND INITIALS: \_\_\_\_\_

ID NO: \_\_\_\_\_

TELEPHONE:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EXISTING DEBIT ORDER YES  NO

**BANKING DETAILS**

NAME OF BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BRANCH CODE: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

MARK THE APPROPRIATE BLOCK:

CHEQUE ACCOUNT  SAVINGS ACCOUNT  TRANSMISSION ACCOUNT

BANK ACCOUNT IN NAME OF: \_\_\_\_\_

1. I hereby authorize Paul Roos Gymnasium to debit my bank account with the amount of the monthly school fees, including any fees in arrears that I may owe and of which I have been notified in advance.
2. I acknowledge that the party hereby authorized to effect the drawings against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorized party.
3. Payments occur on the second day of each month, starting in February 2018 and the last payment in November 2018. If the transaction date is on a weekend, the transaction will occur on the next workday.
4. If a debit order payment was returned as unpaid by the bank for the second time, the debit order may be cancelled by Paul Roos Gymnasium. If Paul Roos Gymnasium has to cancel such a debit order, it is my own responsibility to pay the outstanding amount to the school.
5. I understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank statement or an accompanying voucher.
6. I agree to pay any charges relating to this debit order instruction.
7. This authority may be cancelled by me by giving the school thirty days' notice in writing. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DETAILS OF CHILDREN IN THE SCHOOL:**

NAME AND SURNAME	GRADE 2018	OFFICE USE