



LAERSKOOL BERGLAND

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Date received		Doc no	
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APPLICATION FOR SCHOOL FEE EXCEMPTION 2023

A. LEARNERS APPLIED FOR

I/we hereby apply for exemption for the following learners:

Account number/ Family code: _____	
Learner 1: _____	Grade _____
Learner 2: _____	Grade _____
Learner 3: _____	Grade _____
Learner 4: _____	Grade _____

OFFICE USE

Date all information was received: _____

Reviewed by: _____ Capacity on Governing Body _____

Comments _____

Exemption approved	Ja	Nee		Full	Partial
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Signature _____ Date _____ Percentage _____

Correspondence reference number _____ Date processed on account _____

B. GENERAL

To ensure that the application is processed efficiently and effectively the following documents should be attached:

No	Documentation required	Father/ Guardian 1		Mother/ Guardian 2		Check list (Office use only)
a.	A certified copy of applicants ID					
b.	A certified copy of the following relevant document:					
	<ul style="list-style-type: none"> A certified copy of your Marriage certificate if applicable; 					
	<ul style="list-style-type: none"> A certified copy of your divorce agreement and maintenance agreement; 					
	<ul style="list-style-type: none"> Death certificate; 					
	<ul style="list-style-type: none"> If the applicant is a guardian, include a certified copy of the court ruling; or 					
	<ul style="list-style-type: none"> Include an Affidavit to explain status. 					
c.	Certified copy of the birth certificate of each child in this school, for whom you are applying for:					
	<ul style="list-style-type: none"> Learner 1: 					
	<ul style="list-style-type: none"> Learner 2: 					
	<ul style="list-style-type: none"> Learner 3: 					
	<ul style="list-style-type: none"> Learner 4: 					
		Birth Certificate		Proof of school attendance		
d.	Certified birth certificates of your children attending another state school and proof of attendance of:					
	<ul style="list-style-type: none"> Learner 1: 					
	<ul style="list-style-type: none"> Learner 2: 					
	<ul style="list-style-type: none"> Learner 3: 					
	<ul style="list-style-type: none"> Learner 4: 					
		Father/ Guardian 1		Mother/ Guardian 2		
a.	Do you earn a salary?	Yes	No	Yes	No	
	<ul style="list-style-type: none"> Certified copy of your last <u>three</u> salary slips 					
	<ul style="list-style-type: none"> Certified copy of your last tax return submitted to SARS 					
b.	Are you unemployed?	Yes	No	Yes	No	
	<ul style="list-style-type: none"> A letter from the Department of Labour indicating your last date of employment and that you are presently unemployed 					
c.	Are you a Pensioner?	Yes	No	Yes	No	
	Certified copy verifying your status a pensioner and the amount of pension you receive monthly					

No	Documentation required	Father/ Guardian		Mother/ Guardian		Check list (Office use only)
d.	The following documentation must accompany this application:					
	<ul style="list-style-type: none"> • Three months bank statements. A certified copy of the original bank monthly bank statements received from your bank. Internet bank statements will not be accepted 					
	<ul style="list-style-type: none"> • A certified copy of all Investments statements held. 					
	<ul style="list-style-type: none"> • If you have a bond on property copy of your latest bond statement 					
	<ul style="list-style-type: none"> • If you make use of credit cards, then a certified copy of your latest Credit card statements 					
	<ul style="list-style-type: none"> • A certified copy of a Utility bill, preferable an Electricity bill 					
	<ul style="list-style-type: none"> • If you are renting, a certified copy of the lease 					
	<ul style="list-style-type: none"> • If you have entered into lease agreements or Hire purchase agreements for any assets like vehicles, furniture etc, we require a certified copy of this agreement 					
	<ul style="list-style-type: none"> • Latest Tax assessment received from SARS 					
e.	Are you a business owners	Yes	No	Yes	No	
	<ul style="list-style-type: none"> • Management accounts for the past 12 months. 					

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Should an incomplete application be received it would be regarded as unsuccessful

Documents received & reviewed by:

Name: _____

Date: _____

Documents completed: Yes / NO

If incompleted returned on _____.

C. PARTICULARS OF PARENT 1

First name _____ Surname _____
 Place of birth Town _____ Country _____ Nationality _____
 Date of birth _____ / _____ / _____ Arrival date in SA (if applicable) _____
 ID no _____ Passport no _____
 Income Tax No _____ Gender: Male Female
 Residential address Street _____
 Suburb _____
 Town _____ Postal code _____

How long have you being at this address? _____

Owner: Yes No Outstanding bond Yes No Account number _____
 Owner of bond _____ Financial institution _____

Rental property Yes No Name of owner or rental agent _____

How many people live with you at your home address?
 Adults Relationship _____ Children Relationship _____

Postal address (if different form residential address) PO Box _____
 Suburb _____
 Town _____ Postal code _____

Telephone no _____ Fax no _____
 Cell no _____ E mail address _____

Bank details:

Bank _____ Branch code _____
 Account holder _____ Account no _____
 Account type (tick applicable) Current/ cheque Savings Credit Card

Vehicle ownership:

Registration no	Make	Model	Year	Debt (Yes/No)	Bank	Account no

Marital status:

Married Living together Engaged Divorced Single
 Separated Other

Age of dependent children?
/...../...../...../...../.....

Employment status (tick applicable)	Employed	Own business	Unemployed	Retired
1. Name Employer				
Name of Employer _____				
Address of Employer				
Street _____				
Suburb _____				
Town _____ Postal code _____				
Postal address				
PO Box _____				
Town _____ Postal code _____				
Telephone no (work) _____ Fax no _____ Cell No _____				
E-Postal address (work) _____				
Current gross salary per annum _____				
Date of employment From / /				
2. Name of own business				
Name of Business _____				
Business Address				
Street _____				
Suburb _____				
Town _____ Postal code _____				
Postal address				
PO Box _____				
Town _____ Postal code _____				
Telephone no (work) _____ Fax no _____ Cell No _____				
E-Mail address _____				
Annual turnover _____ Type of business _____				
Commencement date From / /				
Type of ownership	Sole owner	Partnership	CC	Shares in Company
3. Pensioner				
Name of Pension fund _____				
Pension fund number _____				
Annual earnings _____				
4. Unemployed				
Unemployment number _____				
Date Unemployed _____				

D. PARTICULARS OF PARENT 2

First name _____ Surname _____
 Place of birth Town _____ Country _____ Nationality _____
 Date of birth ____/____/____ Arrival date in SA
 (if applicable) _____
 ID no _____ Passport no _____
 Income Tax No _____ Gender: Male Female
 Residential address Street _____
 Suburb _____
 Town _____ Postal code _____

How long have you being at this address? _____

Owner: Yes No Outstanding bond Yes No Account number _____
 Owner of bond _____ Financial institution _____

Rental property Yes No Name of owner or rental agent _____

How many people live with you at your home address?
 Adults Relationship _____ Children Relationship _____

Postal address (if different form residential address) PO Box _____
 Suburb _____
 Town _____ Postal code _____

Telephone no _____ Fax no _____
 Cell no _____ E mail address _____

Bank details:

Bank _____ Branch code _____
 Account holder _____ Account no _____
 Account type (tick applicable) Current/ cheque Savings Credit Card

Vehicle ownership:

Registration no	Make	Model	Year	Debt (Yes/No)	Bank	Account no

Marital status:

Married Living together Engaged Divorced Single
 Separated Other

Age of dependent children?

Employment status (tick applicable)	Employed	Own business	Unemployed	Retired
1. Name Employer				

Address of Employer	Street _____			
	Suburb _____			
	Town _____		Postal code _____	
Postal address	PO Box _____			
	Town _____		Postal code _____	
Telephone no (work)	_____	Fax no _____	Cell No _____	
E-Postal address	_____			
Current gross salary per annum	_____			
Date of employment	From / /			
2. Name of own business				

Business Address	Street _____			
	Suburb _____			
	Town _____		Postal code _____	
Postal address	PO Box _____			
	Town _____		Postal code _____	
Telephone no (work)	_____	Fax no _____	Cell No _____	
E-Mail address (work)	_____			
Annual turnover	Type of business			
Commencement date	From / /			
Type of ownership	Sole owner	Partnership	CC	Shares in Company
3. Pensioner				
Name of Pension fund _____				
Pension fund number _____				
Annual earnings _____				
4. Unemployed				
Unemployment number _____				
Date Unemployed _____				

E. LEARNERS ATTENDING THIS SCHOOL

Surname of Learner	Name of Learner	Grade	Relationship with learner					
			Own child	Foster child	Step child	Grand child	Other	

F. LEARNERS ATTENDING OTHER PUBLIC SCHOOLS

Surname of Learner	Name of Learner	School attending	Grade	School Fees R	Relationship with learner				
					Own	Step	Foster	Grand	Other

G. MONTHLY INCOME

	Gross combined Income	
	PARENT 1	PARENT 2
Gross Salary (before Deductions UIF, PAYE)		
Income from Business		
Pension		
Interest from Investments		
Dividends		
Rental Income		
Government Grants		
Disability Grant		
Retrenchment Package		
Income from Repayment of Loan		
OTHER:		
TOTAL		

<i>Office use:</i>	
Total Annual Income	(C) _____ (D) _____
Joint annual income (C+D)=E	(E) _____
School fees of youngest learner (F)	_____
Percentage of school fees of annual income (F/E)	(F) _____ = _____ (E)
Number of learners in Public School	_____

H. MONTHLY EXPENDITURE

	Gross combined Expenditure	
	PARENT 1	PARENT 2
Bond		
Car Insurance		
Cell Phones/ Telephone		
Clothing / Clothing Accounts		
Credit Cards		
Domestic Help		
DSTV		
Entertainment		
Extra Mural Activities		
Garden Service		
Groceries		
Gym Fees		
Hire Purchase Agreements Details:		
Household Insurance		
Income tax		
Life Insurance		
Lights and Water		
Loans including loans from an employer		
Medical Aid		
Medical - personal		
Memberships: Details:		
Pension / Provident Contribution/ Retirement Annuities		
Petrol		
Rates and Municipal Taxes		
Rent		
SABC License		
Savings		
School Fees		
Security / Armed Response		
Unit Trusts		
UIF		
OTHER:		
Maintenance		
TOTAL EXPENDITURE		
TOTAL INCOME LESS TOTAL EXPENDITURE		

I. ASSETS AND LIABILITIES

	PARENT 1	PARENT 2
ASSETS		
Fixed Property - cost		
All improvements to property - cost		
Shares, member's interest & debentures - cost		
Loan Accounts		
Net capital of business, profession or farming		
Equipment, machinery, implements, furniture, jewelry		
Motor vehicles, caravans, boats		
Debtors		
Stock		
Livestock		
Cash in Bank		
Cash on Hand		
Offshore investments		
Timeshares		
Second Holiday Home		
OTHER:		
TOTAL ASSETS		
LIABILITIES		
Bond Property 1		
Bond Property 2		
Bond Property 3		
Loan Accounts		
Creditors		
Bank Overdraft		
Hire Purchase agreements		
Lease agreements		
OTHER:		
TOTAL LIABILITIES		
TOTAL ASSETS LESS TOTAL LIABILITIES		

J. OTHER FINANCIAL PARTICULARS REQUIRED

Additional monetary contributions paid by a parent in relation to a learner's attendance of or participation in any programme of, a public school: R.....

K. ADDITIONAL INFORMATION

Any other relevant information supplied by the applicant, indicating the inability to pay school fees owing to personal circumstances, that may lead to conditional exemption:

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L. DECLARATION: PARENT 1

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details listed by me.

I understand that should any of the information supplied be found to be false, my application may be disqualified.

Signed on this day of 20.....

.....
SIGNATURE

M. DECLARATION: PARENT 2

Ihereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of School Governing Body or his designate, permission to check and confirm any of the details listed by me.

I understand that should any of the information supplied be found to be false, my application may be disqualified.

Signed on this day of 20.....

.....
SIGNATURE

N. TERMS AND CONDITIONS

- i. Your application will be assessed in terms of the rules and regulations as stipulated in the South African Schools Act 86 of 1996 and in terms of the Norms and Standard of funding.
- ii. The applicant for this application, be as follows : if the learner's parents are:
 - Married – one application form is required and the documents of both Mother and Father are required. The applicant is both the Mother and Father. Please supply information as Parent 1: Father and Parent 2 : Mother
 - Divorced – particulars of both parents are required. Separate application forms must be completed by each parent and the required document of that applicant must be attached to the application form.
 - Widowed – one application form is required with the necessary documentation.
 - Unmarried - **separate** application forms must be completed by **each** parent and the required document of that applicant must be attached to the application form.
- iii. Application forms which do not have the above documents can not be considered.
- iv. All information on the application form must be supplied.
- v. The members of the School Governing Body reserves the right to verify any document or statement made in this application.
- vi. Members of the School Governing Body may visit the applicant at his or her residence.
- vii. In the event of an applicant making a false statement on his/her application form or if her/or her produces false documents or evidence, the School Governing Body may lay a charge of fraud against the applicant.
- viii. Should the personal conditions of the applicant change in any way following a decision of the School Governing Body, the onus is on the applicant to make the School Governing Body aware of these changes so that the application can be revisited to assess whether the decision of the School Governing Body should be altered to suit these new changes.
- ix. In the event of the School Governing Body obtaining information that the circumstances of the applicant has changed and that the School Governing Body has not been informed, the School Governing Body may, at its sole discretion then review the changes and may or may not alter their decision irrespective of how long such decision has been in force.
- x. Applications for exemption are for the current school year only. Each year a new application form must be filled out and handed to the school for consideration.
- xi. Body or a person so delegated by him, will investigate all information in the submission for the purpose of ensuring that all details, as stated, are true and correct before the application will be considered. Proof must be submitted with all declarations. Should any information be found to be false or of a questionable nature, the application will be rejected in full and no further negotiations will be entered into between the School Governing Body and the applicant.

	PA SE BRUTO	BRON DOKUMENT	MA SE BRUTO	BRON DOKUMENT	
	FATHER GROSS	SOURCE DOCUMENT	MOTHER GROSS	SOURCE DOCUMENT	
Januarie					January
Ekstra					Extra
Februarie					February
Ekstra					Extra
Maart					March
Ekstra					Extra
April					April
Ekstra					Extra
Mei					May
Ekstra					Extra
Junie					June
Ekstra					Extra
Julie					July
Ekstra					Extra
Augustus					August
Ekstra					Extra
September					September
Ekstra					Extra
Oktober					October
Ekstra					Extra
November					November
Ekstra					Extra
Desember					December
Ekstra					Extra
TOTAAL	R		R		TOTAL