



# ES LE GRANGE SKOOL SCHOOL

*LSOB: Leerders met Spesiale Onderwysbehoefes*  
*LSEN: Learners with Special Education Needs*

## APPLICATION FOR THE EXEMPTION SCHOOL FEES

### General Information

- This form must be completed by the parent or legal guardian of the learner(s).
- All particulars must be given in full. An application which is not completed in full will Not be considered. The school must assist the parent/ guardian in the completion of the form.
- This Exemption is valid only until the end of the year of application, hereafter applications have to be renewed should further assistance be required.
- The completed application form must be submitted to the Principal of the school which Learners must attend.
- It is the responsibility of the parent/ guardian to provide proof of their annual gross income.

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F. Wiese

Acting PRINCIPAL

### 1. PARTICULARS OF LEARNER(S) FOR WHOM APPLICATION IS BEING MADE

<b>PARTICULARS</b>	<b>LEARNER 1</b>	<b>LEARNER 2</b>	<b>LEARNER 3</b>
<b>Surname</b>			
<b>First name</b>			
<b>Commencing date</b>			
<b>Present / Group</b>			
<b>Date of Birth</b>			



**PARTICULARS OF GROSS INCOME OF PARENT/ GUARDIAN**

**PROOF IN SUPPORT OF INFORMATION BELOW MUST BE ATTACHED**

**3.1 ANNUAL GROSS INCOME OF PARENTS/GUARDIAN BY WAY OF SALARY, BONUSES, WAGES, PENSION, ALLOWANCES, COMMISSION AND FIXED OVERTIME REMUNERATION.**

PARTICULARS	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBERS OF EMPLOYER	NATURE OF BUSINESS	AMOUNT OF BENEFIT RECEIVED	GROSS INCOME
YOURSELF					
YOUR SPOUSE					
TOTAL					

**3.2 ANNUAL INCOME FROM OWN BUSINESS, TRADE, PROFESSION OF FARMING.**

PARTICULARS	NATURE OF BUSINESS	REGISTERD TRADE NAME OF BUSINESS	GROSS INCOME	NET INCOME
YOURSELF				
YOUR SPOUSE				
TOTAL				

NOTE: ABOVE INFORMATION MUST BE SUPPORT BY FINANCIAL STATEMENTS CO - SIGNED BY YOU AND YOUR AUDITOR / ACCOUNTANT / BOOKKEEPER / PERSON WHO COMPILES YOUR TAX RETURN.

3.3 OTHER INCOME E.G.MAINTENANCE IF DIVORCED. MAINTENANCE FROM A CHARITABLE BODY: DISABILITY ALLOWANCE. OLD AGE OR OTHER PENSION. RENT FROM PROPERTY AND INTEREST FROM INVESTMENT ALLOWANCES ETC.

	RECEIVED FROM	RECEIVED BY WAY OF	GROSS INCOME
YOURSELF			
YOUR SPOUS			
TOTAL			

3.4 TOTAL GROSS INCOME (3.1) + (3.2) + (3)

R \_\_\_\_\_ PER ANNUM

3.5 STATEMENT BY PARENT / GUARDIAN

I (full name) \_\_\_\_\_

hereby solemnly declare that I am not in position to provide for the educational needs

Of the child (ren) mentioned in paragraph that I have not withheld any information concerning my circumstance and that all information furnished in this application Form is correct. I agree that, should it at any stage, be ascertained that the information Provided by me is inaccurate the financial assistance which may have been granted will be cancelled and the outstanding amount will be recovered from me.

Date \_\_\_\_\_

Signature \_\_\_\_\_

The deponent confirms that he/she is fully conversant with the contents of this statement and understand it.

Sworn to and signed in my presence in \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(MAGISTRATE/ JUSTICE OF THE PEACE /  
COMMISSIONER OF OATHS)



## **education**

Lefapha la Thuto  
Departement van Onderwys  
Department of Education  
**NORTH WEST PROVINCE**

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### **DR KENNETH KAUNDA DISRTICT**

DIVISION: INCLUSIVE EDUCATION SERVICES

Enquiries: MrsHM Cory  
Special Institutional Support  
Tel: 018 299 8258  
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## **APPLICATION FOR THE ALLOCATION OF A HOSTEL BURSARY SPECIAL SCHOOLS**

### General Information

- ❖ This form must be completed by the parent or legal guardian of the learner(s). All particulars must be given in full. An application which is not completed in full will not be considered. The school must assist the parent/guardian in the completion of the form.
- ❖ A bursary is valid only until the end of the year of application, hereafter applications have to be renewed should further assistance be required.
- ❖ The completed application form must be submitted to the Principal of the school which learners must attend.
- ❖ It is the responsibility of the parent/guardian to provide proof of their annual gross income.
- ❖ Completed application forms must be submitted to the school who will forward applications to the relevant departmental official for evaluation and approval.

### **1. PARTICULARS OF LEARNER(S) FOR WHOM APPLICATION IS BEING MADE**

	LEARNER 1	LEARNER 2	Learner 3
Surname:			
First name:			
Commencing date of bursary:			
Present grade/group:			
Date of Birth:			
School at which bursary will be required:			
Distance between home and school:			
Name of nearest school to home which offers the required curriculum support:			
Nearest railway station or public bus stop, if any, and distance from home:			

**2. PARTICULARS OF PARENT/ GUARDIAN**

2.1 Surname: \_\_\_\_\_

2.2 Christiannname(s)infull: \_\_\_\_\_

2.3 Marital status: \_\_\_\_\_

2.4 Residential address:

(farmname/district/town/suburb/street): \_\_\_\_\_

2.4.1 Postal address \_\_\_\_\_

Tel. No.: \_\_\_\_\_(h) Tel. NO. \_\_\_\_\_(w)

2.5 Occupation: \_\_\_\_\_

2.6 Employer: \_\_\_\_\_

2.7 Magisterial district in which parent resides: \_\_\_\_\_

2.8 Numberofchildren whoare dependent onparent/guardian, including full-time students underthe ageof26(excludingnationalservicemenanddependents who areunemployed): \_\_\_\_\_

2.9 Particulars of school going dependents **(including this applicant):**

NAME	DATE OF BIRTH	NAME OF INSTITUTION	GRADE

2.10 Give reasons why your child(ren) must be placed in a hostel if you live within walking distance (5 km) from a school or bus route.

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2.11 State any special comments which you as parent/guardian wishes to bring to the attention of the Department.

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**3. PARTICULARS OF GROSS INCOME OF PARENT/GUARDIAN**

**Proof in support of information below must be attached.**

3.1 Annual gross income of parents / guardian by way of salary, bonuses, wages, Pension, allowances, commissions and fixed overtime remuneration.					
Particulars	Name and address of employer	Telephone number of employer	Nature of work	Amount of benefit received	Gross Income
Yourself:					
Your Spouse:					
Total:					

3.2 Annual gross income own business, trade, profession or farming				
Particulars	Nature of business	Registered trade name of business	Gross income	Neto income
Yourself:				
Your Spouse:				
Total:				

NOTE: Above information must be supported by financial statements co-signed by you and your auditor/accountant / bookkeeper / person who compiles your tax return.

3.3 Other income e.g. maintenance of divorced; Maintenance from a charitable body; Disability allowance; Old age or other pension; Rent from property and interest from investment allowance; etc.			
Particulars	Received From	Received by ways of	Gross income
Yourself:			
Your Spouse:			
Total:			

3.4 Total gross income (3.1) + (3.2) + (3.3) R \_\_\_\_\_ per annum.



**3.5 Statement by Parent/Guardian**

I (full name) \_\_\_\_\_ hereby

solemnly declare that I am not in position to provide for the educational needs of the child(ren) mentioned in paragraph 1 without the bursary/ies applied for, that I have - not withheld any information concerning my circumstances and that all information furnished in this application form, is correct. I agree that, should it, at any stage, be ascertained that the information provided by me is inaccurate the financial assistance which may have been granted will be cancelled and the amount which has already been paid out will be recovered from me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The deponent confirms that he/she is fully conversant with the contents of this statement and understand it.

Sworn to and signed in my presence in \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_\_

**Official Stamp**

\_\_\_\_\_  
**(MAGISTRATE/JUSTICE OF THE PEACE/  
COMMISSIONER OF OATHS)**