



NPO 61103

# ES LE GRANGE

## SKOOL SCHOOL

LSOB: Leerders met spesiale onderwysbehoefes  
LSEN: Learners with special education needs

Tel.:(018)2907047/9  
E-pos/Email:[admin@espotch.co.za](mailto:admin@espotch.co.za)  
Posbus/PO Box 19722  
NOORDBRUG, 2522  
POTCHEFSTROOM

### APPLICATION FOR THE EXEMPTION OF SCHOOL FEES

#### General information

- **As a parent you are responsible for your child's monthly school fees.**
- This form must be completed annually by the parent or legal guardian of the learner(s).
- This exemption is valid only until the end of the year of application, hereafter applications have to be renewed should further assistance be required.
- **ALL particulars must be given in full. An application which is not completed in full will NOT be considered**
- 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.

**Michelle Jerling**  
Principal

#### 1. PARTICULARS OF LEARNER(S) IN E.S. LE GRANGE FOR WHOM APPLICATION IS BEING MADE

PARTICULARS	LEARNER 1.	LEARNER 2.	LEARNER 3.
Surname			
First name			
Date of Birth			
Male/Female			

## 2.1 PARTICULARS OF PARENT

<b>FATHER:</b>	Surname	
	Name	
	ID Number	
	Marital Status	
	Occupation	
	Employer	
	Residential address	
	Tel no. Home	
	Work	
	Cell no	
	E-mail	

<b>MOTHER:</b>	Surname	
	Name	
	ID Number	
	Marital Status	
	Occupation	
	Employer	
	Residential address	
	Tel no. Home	
	Work	
	Cell no	
	E-mail	

## 2.2 PARTICULARS OF GUARDIAN **OR** FOSTER CARE PARENT

<b>GUARDIAN:</b>	Surname	
<b>FOSTER CARE:</b>	Name	
	ID Number	
	Marital Status	
	Occupation	
	Employer	
	Residential address	
	Tel no. Home	
	Work	
	Cell no	
	E-mail	

## 2.3 Number of children who are dependent on parent/guardian or foster parents

\_\_\_\_\_

## 2.4 Particulars of school going dependents

Name	Date of birth	School	Grade

<b>2.5</b>	<b>WHICH GRANT DO YOUR CHILD IN E.S. le Grange RECEIVE?</b>	<b>(Tick the correct amount)</b>	
2.5.1	Disability or Care dependency grant	R2 090	
2.5.2	Child support grant	R 510	
2.5.3	Foster child grant	R1 130	

<b>2.6</b>	<b>WHICH GRANT DO YOU (PARENT/GUARDIAN) RECEIVE?</b>	<b>(Tick the correct amount)</b>	
2.6.1	Older person's grant (below 75 years)	R2 090	
2.6.2	Older person's grant (Above 75 years)	R2 110	
2.6.3	Disability grant	R2 090	

**TAKE NOTE!! IF UNEMPLOYED PROVIDE 3 MONTHS' BANK STATEMENTS**

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

<b>3.1</b>	<b>Annual gross income of parents/guardian by way of salary, bonuses, wages, pension, allowances, commission and fixed overtime remuneration</b>				
	<b>Name of employer</b>	<b>Telephone number of employer/s</b>	<b>Nature of work</b>	<b>Monthly salary</b>	<b>Gross Income</b>
FATHER					
MOTHER					
GUARDIAN					

**TAKE NOTE!!! PLEASE ATTACH PROOF OF INCOME**

<b>3.2</b>	<b>OTHER INCOME from OWN BUSINESS, TRADE, PROFESSION OR FARMING</b>		
	<b>RECEIVED FROM</b>	<b>RECEIVED BY WAY OF</b>	<b>GROSS INCOME</b>
FATHER			
MOTHER			
GUARDIAN			

**TAKE NOTE!!! PLEASE ATTACH PROOF OF INCOME**

<b>3.3</b>	<b>OTHER INCOME example MAINTENANCE IF DIVORCED, DIASABILITY ALLOWANCE, OLD AGE OR OTHER PENSION</b>		
	<b>RECEIVED FROM</b>	<b>RECEIVED BY WAY OF</b>	<b>GROSS INCOME</b>
FATHER			
MOTHER			
GUARDIAN			

**TAKE NOTE!!! PLEASE ATTACH PROOF OF INCOME**

**TAKE NOTE!! IF UNEMPLOYED PROVIDE 3 MONTHS' BANK STATEMENTS**

<b>3.4</b>	<b>TOTAL INCOME (3.1 + 3.2 + 3.3)</b>	R _____ per annum
------------	---------------------------------------	-------------------

4. **COMPULSORY AFFIDAVIT** – *In the presence of a COMMISSIONER OF OATHS*  
 STATEMENT BY PARENT/GUARDIAN/FOSTER PARENT

I (full name of parent/guardian or foster parent) \_\_\_\_\_

\_\_\_\_\_ Cell no: \_\_\_\_\_

hereby solemnly states under oath:

that I am not in the position to provide for the educational needs of the child(ren) mentioned in paragraph 1	YES	NO
I am UNEMPLOYED and have no source of income	YES	NO
I have not withheld any information concerning my circumstances and that all information furnished in this application form is correct.	YES	NO

**TAKE NOTE!! TAKE NOTE!! TAKE NOTE!!**

I agree that, should it at any stage, be determined 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 \_\_\_\_\_

<p>_____</p> <p>(MAGISTRATE/JUSTICE OF THE PEACE/          COMMISSIONER OF OATHS)</p>	<p>Official Stamp</p>
---	-----------------------

*POPIA: E.S. le Grange School declare that any information disclosed in this exemption application will be protected and will only be used to process this application.*