

HIGH SCHOOL TYGERBERG

EXEMPTION FROM SCHOOL FEES APPLICATION FORM

This application may not be submitted via fax or e-mail.

Has to be completed by the parents / guardians / persons responsible for the payment of the school fees account

Please read the terms and conditions before you complete the form.

Take note: You have to keep copies of all applications. The school will not make any copies for appeals or for applications for the following year.

SCHOOL FEES ARE PAYABLE UNTIL YOU HAVE RECEIVED THE RESULT OF YOUR APPLICATION FOR EXEMPTION.

2021

PARTICULARS OF PARENT 1:

Surname							
Full names							
Place of birth		City		Country			
Nationality							
Date of birth		Day		Month		Year	
Identity number							
Date of arrival in South Africa		Day		Month		Year	
Income Tax reference number							
Sex		Male			Female		
Your home address	Street						
	Suburb						
	City						
	Post code						
How long have you been living at this address?							
Home Mortgage Details:							
Financial Institution:							
Name of account holder:							
Account number:							
Rent Details:							
If you rent, please give full details of the owner							
Address of owner							
Telephone number of owner							
Parent Details	P.O. Box						
	Suburb						
	City						
	Postal Code						
Home telephone number		Area code		Number			
Home fax number		Area code		Number			
Cell phone number							
Email address							
Employment status		Work	Own business	Unemployed	Pensioner		
Name of employer							
Address of Employer	Street						
	Suburb						
	City						
	Postal code						
Postal address	P.O. Box						
	Suburb						
	City						
	Postal code						
Work telephone number		Area code		Number			
Work fax number		Area code		Number			

Work email address				
Your current GROSS salary				
Date of employment		From: / / /		
If you run your own business				
Name of business				
Business address	Street			
	Suburb			
	City			
Postal address	P.O. Box			
	Suburb			
	City			
	Postal code			
Work telephone number				
Gross annual turnover				
Type of business				
Start date of business		From / / /		
Ownership	One man business	Partnership	CC	Company
If you are a pensioner				
Type of pension	Government		Private	
Name of pension fund				
Pension number				
Gross Annual Pension				
If you are unemployed				
UIF Number				
Parent Bank Account details:				
Bank:				
Name of account holder:.....				
Type of account:(Saving, credit card, cheque, etc.)				
Account number:				
Branch code:				
Vehicle details				
Make:..... Model:				
Year: Registration nr:				
Financed by:.....				
Account number:.....				
Your marital status	Married		Divorced	
	Never married		Widow / Widower	
Number of dependent children:				

PARTICULARS OF PARENT 2:

Surname							
Full names							
Place of birth		City		Country			
Nationality							
Date of birth		Day		Month		Year	
Identity number							
Date of arrival in South Africa		Day		Month		Year	
Income Tax reference number							
Sex		Male			Female		
Your home address	Street						
	Suburb						
	City						
	Post code						
How long have you been living at this address?							
Home Mortgage Details:							
Financial Institution:							
Name of account holder:							
Account number:							
Rent Details:							
If you rent, please give full details of the owner							
Address of owner							
Telephone number of owner							
Parent Details	P.O. Box						
	Suburb						
	City						
	Postal Code						
Home telephone number		Area code		Number			
Home fax number		Area code		Number			
Cell phone number							
Email address							
Employment status		Work	Own business	Unemployed	Pensioner		
Name of employer							
Address of Employer	Street						
	Suburb						
	City						
	Postal code						
Postal address	P.O. Box						
	Suburb						
	City						
	Postal code						
Work telephone number		Area code		Number			
Work fax number		Area code		Number			

Work email address				
Your current GROSS salary				
Date of employment		From: / / /		
If you run your own business				
Name of business				
Business address	Street			
	Suburb			
	City			
Postal address	P.O. Box			
	Suburb			
	City			
	Postal code			
Work telephone number				
Gross annual turnover				
Type of business				
Start date of business		From / / /		
Ownership	One man business	Partnership	CC	Company
If you are a pensioner				
Type of pension	Government		Private	
Name of pension fund				
Pension number				
Gross Annual Pension				
If you are unemployed				
UIF Number				
Parent Bank Account details				
Bank:				
Name of account holder:.....				
Type of account:(Saving, credit card, cheque, etc.)				
Account number:				
Branch code:				
Vehicle details				
Make:..... Model:				
Year: Registration nr:				
Financed by:.....				
Account number:.....				
Your marital status	Married		Divorced	
	Never married		Widow / Widower	
Number of dependent children:				

ADDITIONAL FINANCIAL CONTRIBUTIONS MADE BY PARENTS FOR ATTENDING OR PARTICIPATING IN EXTRA CURRICULAR ACTIVITIES OFFERED BY TYGERBERG HIGH SCHOOL:

EXTRA CURRICULAR ACTIVITY

FINANCIAL CONTRIBUTION

ADDITIONAL INFORMATION THAT CONTRIBUTE TO THE APPLICATION FOR EXEMPTION

DECLARATION : PARENT 1

I declare the information in this form - completed by me – is correct and true in all respects. I give the Chairperson of the School Governing Body, or his/her authorised representative, permission to verify this information as provided by me. I understand that my application will be rejected if it is discovered that any information that I provided is untrue or false. I/we understand that the school reserves the right to verify all information supplied in this application. Should it be found that the submitted application was falsified, the school will reserve the right to lay criminal charges of fraud against you. The school may conduct an enquiry and/or information search pertaining to the parents with a credit information bureau, persons acting as their agents and/or credit grantors.

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

.....
SIGNATURE

DECLARATION : PARENT 2

I declare the information in this form - completed by me – is correct and true in all respects. I give the Chairperson of the School Governing Body, or his/her authorised representative, permission to verify this information as provided by me. I understand that my application will be rejected if it is discovered that any information that I provided is untrue or false. I/we understand that the school reserves the right to verify all information supplied in this application. Should it be found that the submitted application was falsified, the school will reserve the right to lay criminal charges of fraud against you. The school may conduct an enquiry and/or information search pertaining to the parents with a credit information bureau, persons acting as their agents and/or credit grantors.

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

.....
SIGNATURE

ONLY FOR OFFICE USE

DATE RECEIVED:.....

PROCESSED AND CHECKED BY:.....

COMMENTARY.....

.....

EXEMPTION APPROVED / REJECTED

.....

AMOUNT OF EXEMPTION

.....

COMMENTARY:

.....

SGB CHAIRPERSON:.....

SGB FINANCIAL COMMITTEE CHAIRPERSON:.....

DATE:.....

TERMS AND CONDITIONS

1. Your application will be considered in terms of the rules and regulations of the South African Schools Act, Law 84 of 1996, in terms of regulation 5 of the regulations regarding the exemption of payment of school fees by parents, 2006 and in terms of the Norms and Standards that apply to the Funding of schools.
2. The application should be completed by the following person(s): if the learner's parents:
 - a. **Are married**– only one application form is required, and the supporting documents of both parents have to be attached. The applicants are thus **both** the mother and the father. Please view the Father as Parent 1 and the Mother as Parent 2.
 - b. **Are divorced**- the particulars of **both** parents are required. **Separate** application forms has to be completed by **each** parent and supporting documents have to be attached to each application form. Please hand in both application forms in the same envelope.
 - c. **Is a widow / widower** – Only one application form is required with the necessary documentation.
 - d. **Never married**- the particulars of **both** parents are required. **Separate** application forms have to be completed by **each** parent and supporting documents have to be attached to each application form. Please hand in the two application forms in the same envelope.
3. In terms of the mentioned law and regulations the following documentation **has** to be included in the application:
 - e. Certified copies of the **ID documents** of the applicants.
 - f. A certified copy of your **marriage certificate**, if married.
 - g. A certified copy of your **divorce settlement** has to be provided, if divorced.
 - h. A certified copy of your **maintenance settlement**, if you are divorced.
 - i. A certified copy of your husband / wife's **death certificate** if you are a widow / widower.
 - j. Certified copies of the **birth certificates** of every child that you are applying for.
 - k. Certified copies of the **birth certificates** of every child in another school.
 - l. Certified copies of the **last four(4) months' bank statements**, as received from your bank. Internet bank statements are not acceptable. **If you bank account has been frozen, you still have to supply bank statements for the last four(4) months.** These statements can be obtained from the bank.
 - m. A certified copy of your most recent **credit card statement**.
 - n. If you run your own business, please supply copies of the last year's **audited financial statements**, as audited by a registered Accountant, as well as the **bank statements** of your business for the **last 12 months**. If audited statements cannot be provided, **the latest 12-month summary of income and expenditure must be provided**, as well as the **bank statements** of your business for the **last 12 months**.
 - o. A certified copy of your latest **tax assessment form and income tax number**, as received from SARS.(e.g. IRP5 / ITA34)
 - p. Certified copies of your **last four(4) months' salary slips**, if applicable.
 - n. **In case of unemployment, COMPLETE THE ATTACHED FORM AND HAND TO THE SCHOOL WITH THE APPLICATION.**
 - o. Certified copies of all **investment certificates**.
 - p. If you are a **pensioner**, valid proof of your status as a pensioner as well as the amount of your monthly pension.
 - q. A certified copy of a **municipal bill**, as proof of your home address.
 - r. If the applicant is a **foster parent**, a certified copy of the court order.
 - s. A certified copy of the **title deed** to your property, if applicable.
 - t. A certified copy of your most recent **bond statement**, if you have a bond on your property.
 - u. If you rent a property, a certified copy of your **rental contract**.

4. Applications without the above supporting documents will not be considered.
5. The School Governing Body has the right to investigate and verify all documents and information, as supplied in the application through an accredited credit bureau.
6. If an applicant supplies false information on his/her application form, or supplies falsified documents, the School Governing Body has the right to charge the applicant with fraud.
7. If the financial circumstances of the applicant changes in the course of the year, it is the duty of the applicant to inform the School Governing Body of such a change. In this case, the School Governing Body may alter the result of the original application.
8. If the School Governing Body becomes aware of a change in the financial circumstances of an applicant, and the applicant did not inform the SGB of this change, the SGB has the right to change the original result unilaterally.
- 9. Applications for exemption is only applicable to the current school year. A new application has to be completed for every school year. No copies will be made by the school for appeals or of the previous year's application.**
10. The School Governing Body or his/her authorised representative will investigate and verify all information supplied before the application is considered. If it is discovered that any information is false or not trustworthy, the application will be rejected in its entirety and no further negotiations will be allowed between the School Governing Body and the applicant.

UNEMPLOYMENT DECLARATION

FULL NAMES _____

ID _____

GENDER _____ **AGE** _____

ADDRESS _____

TEL NO. _____ **CELL NO.** _____

- I have never been employed / was employed:

Person/Company _____

Address _____

From: _____ To _____

- I currently earn no income – gross salary or weekly wages.
- I do not own any property / have no investments / have no bank accounts.
- I earn no interest from investments.
- I earn no profit from any business that is operated.
- I own no inheritance / shares or policies.
- I do not receive private pension / allowances.

- Currently I do odd jobs _____ times per week / month for the amount of R _____ per week/month.

- I currently receive accommodation/care from _____

- I do not receive any / irregular maintenance from the father/mother of my child/children.

- Other: _____

I am familiar with the content of the declaration and understand it.
I do not object to taking the prescribed oath.
I consider the prescribed oath as binding on my conscience.

Signature

I certify that the above statement was taken from me and that the deponent acknowledges that he/she is familiar with the content of the declaration and that he/she understands it. The statement was sworn to/ affirmed before me and the deponent's signature was placed thereon before me.

Name of police station

Date

Commissioner of Oath

FULL NAME, SURNAME AND RANK OF POLICE OFFICER IN WHOSE PRESENCE THE OATH WAS TAKEN.

OFFICIAL STAME OF THE POLICE STATION WHERE THE OATH WAS TAKEN.



HOËRSKOOL
TYGERBERG
HIGH SCHOOL

Fairfield Street North, Parow, 7500 | Cape Town
T. 021-939-2023 | F. 021-930-6833 | E. skoolfonds@hstygerberg.co.za
W. www.tygerweb.co.za

TO WHOM IT MAY CONCERN

Please verify that if Mr/Mrs/Ms; ID no.....
have any bank account(s) at your bank? If YES, please supply the client with the last four (4) months' bank statements. This form **MUST** be completed by each bank on the list, regardless of whether you have a bank account with the bank or not and by each parent, where applicable.

ABSA

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

STANDARD BANK

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

CAPITEC

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

NEDBANK

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

FNB

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....



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Fairfield Street North, Parow, 7500 | Cape Town
T. 021-939-2023 | F. 021-930-6833 | E. skoolfonds@hstygerberg.co.za
W. www.tygerweb.co.za

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Please verify that if Mr/Mrs/Ms; ID no.....
have any bank account(s) at your bank? If YES, please supply the client with the last four (4) months' bank statements. This form **MUST** be completed by each bank on the list, regardless of whether you have a bank account with the bank or not and by each parent, where applicable.

ABSA

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

STANDARD BANK

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

CAPITEC

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

NEDBANK

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

FNB

BANK STAMP	Account no/s
	Name of Official verifying
	Signature of bank official.....
	Date.....

-
8. I therefore submit this affidavit as proof that I have done all that is in my power to obtain the financial information of the non-applying parent.

DEPONENT

I hereby certify that the abovementioned deponent acknowledged to me that he/she knows and understands the contents of this affidavit, that it is to the best of his/her knowledge both true and correct, and that he/she has no objection to taking the prescribed oath and considers it to be binding on his/her conscience.

Thus signed and sworn to before me at _____ on this
_____ day of _____.

COMMISSIONER OF OATHS