

LAERSKOOE EVERSDAL

VERPLIGTE SKOOLFONDS: KEUSE VAN BETALING

ALLE AFDELINGS MOET DEUR BEIDE OUIERS/VOOGDE VOLTOOI WORD

BESONDERHEDE VAN OUIERS/VOOGDE:

| | | |
|----|----------------------------|------------------------|
| 1. | VAN (Ouer 1) | |
| | Eerste naam en voorletters | |
| | ID-nommer | |
| | Adres | |
| | Telefoon | Sel: Werk: Huis: |
| | E-posadres vir state | |
| 2. | VAN (Ouer 2) | |
| | Eerste naam en voorletters | |
| | ID-nommer | |
| | Adres | |
| | Telefoon | Sel: Werk: Huis: |
| | E-posadres vir state | |

NAAM VAN LEERDER(S) IN LAERSKOOE EVERSDAL (HUIDIG EN TOEKOMSTIG)

| NAAM | GRAAD | JAAR | KANTOORGEBRUIK |
|------|-------|------|----------------|
| | | | |
| | | | |
| | | | |

KEUSE VAN BETALING:

Merk asseblief toepaslike blokkie

| | | |
|-----------------------------------|--|------------------------------|
| Jaarlikse betailing | | |
| Maandeliks per debietorder (Noot) | | Betaal reeds met debietorder |

DEBIETORDER : AANSOEK OM DEBIETORDER – SLEGS NUWE DEBIETORDERS

Ek/ons, die ondergetekende(s) magtig hiermee Laerskool Eversdal om met my bank te reël om die bedrae, ingevolge my/ons ooreenkoms met Laerskool Eversdal uit my rekening te onttrek volgens die ACB Magneetbanddienstelsel op die wyse waarop Laerskool Eversdal met my bank ooreenkom.

BANKBESONDERHEDE

| | | | |
|---------------------------|-------------------------------|--------------------------------|--------------------------------------|
| Tipe rekening | <input type="checkbox"/> Tjek | <input type="checkbox"/> Spaar | <input type="checkbox"/> Transmissie |
| Naam van Rekeninghouer(s) | | | |
| Naam van Bank | | | |
| Naam van tak | | Bankkode | |
| Bankrekeningnommer | | | |

OUIER 1: _____ GETEKEN: _____ DATUM: _____

OUIER 2: _____ GETEKEN: _____ DATUM: _____

EVERSDAL PRIMARY SCHOOL

COMPULSORY SCHOOL FEES: METHOD OF PAYMENT

ALL SECTIONS MUST BE COMPLETED BY BOTH PARENTS/GUARDIANS.

PARTICULARS OF PARENTS/GUARDIANS:

| | | | |
|-------------------------------|---------------------------|-------|--|
| 1. | SURNAME (Parent 1) | | |
| | First name and initials | | |
| | ID number | | |
| | Address | | |
| | Telephone | Cell: | |
| | | Work: | |
| Home: | | | |
| E-mail address for statements | | | |
| 2. | SURNAME (Parent 2) | | |
| | First name and initials | | |
| | ID number | | |
| | Address | | |
| | Telephone | Cell: | |
| | | Work: | |
| Home: | | | |
| E-mail address for statements | | | |

NAME OF LEARNER (S) IN EVERSDAL PRIMARY SCHOOL (CURRENT AND FUTURE)

| NAME | GRADE | YEAR | OFFICE USE |
|------|-------|------|------------|
| | | | |
| | | | |
| | | | |

METHOD OF PAYMENT: Please tick appropriate block

| | | |
|---------------------------|--|----------------------------|
| Annual payment (Once-off) | | |
| Monthly debit order (New) | | Already pay by debit order |

DEBIT ORDER: DEBIT ORDER APPLICATION – ONLY NEW DEBIT ORDERS

I/We, the undersigned, duly authorise Eversdal Primary School to institute a monthly debit order against my/our bank account for the amounts, in accordance with our agreement, by means of an ACB magnetic tape system and process on which Eversdal Primary School and my bank agreed.

BANK DETAILS

| | | | |
|----------------------------|---------------------------------|----------------------------------|---------------------------------------|
| Account type | <input type="checkbox"/> Cheque | <input type="checkbox"/> Savings | <input type="checkbox"/> Transmission |
| Name of Account Holder (s) | | | |
| Name of Bank | | | |
| Branch Name | | Branch Code | |
| Account Number | | | |

PARENT 1: _____ **SIGNED:** _____ **DATE:** _____

PARENT 2: _____ **SIGNED:** _____ **DATE:** _____