VICTORY CHRISTIAN SCHOOL

Higher Purpose

Application Forms 2027

Please feel free to contact Christa Buytendag on (042) 296-0105 or admissions@victorycs.co.za for any additional information or queries.

VICTORY CHRISTIAN SCHOOL

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Dear Parent(s) and/or Legal Guardian(s)

Welcome and thank you for your interest in Victory Christian School (VCS). As a ministry of Victory Christian Church, we are a Christian Independent School registered and a member of the Independent Schools Association of South Africa (ISASA). We offer an extended CAPS curriculum with a priority on excellence in academic achievement based on our strong set of values.

An application fee of R300 is payable on application and an admission fee of R1800.00 is applicable on acceptance.

Annual Fee Increases occur in January each year.

VCS operates all lessons on an eLearning platform with face-to-face teaching. What this entails is that each pupil from Grade 3 to Grade 7 must come to school with a laptop. We recommend a laptop as opposed to a cell-phone or tablet due to the importance of a keyboard when typing and the robust nature and storage capacity. In addition, laptops have a longer life span.

THE ADMISSIONS PROCESS:

1. Receipt of this form by VCS does not imply formal acceptance into the school. Once it has been determined that a space is available and communicated to you by the school, you will be required to provide proof of payment of the application fee of R300 (non refundable) to proceed to the next step.

2. Once the application fee has been received, your child will be required to spend a day or two at school where he/she will undergo diagnostic academic testing (e.g. school readiness tests, literacy and numeracy tests) as well as an interview. As part of the admissions process, both parents will also be interviewed. The school will contact you regarding these arrangements..

3. The school will conduct a feedback meeting with the parents / guardians. The school's decisions as regards admission of a pupil is final and no reasons need to be given in the event of an application being refused.

4. Should your application be successful, it will need to be confirmed by yourselves by way of the following to allow admission to the school (ie. before an acceptance letter is granted and before the pupil attends school):
    a. Acceptance Fee must be paid immediately and proof of payment sent to finance@victorycs.co.za
    b. Fee payment arrangements (generally a debit order) must be finalised with our Finance Department.

5. Once your Acceptance Fee has been confirmed, an acceptance letter will be generated and parent(s) will be notified with regards to the starting date of the child.

Once completed in full, please return this form and the supporting documents as follows:

- Electronic/scanned applications: admissions@victorycs.co.za

- Physical/printed applications: Deliver to School Reception, for attention of Christa Buytendag

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To Complete Your Application

Please remember to include the following in your application package:

- ☐ A copy of your child's latest report from their previous school
- ☐ A copy of latest school fee statement from previous school
- ☐ A copy of Parent A/Legal Guardian A Identity Document
- ☐ A copy of Parent B/Legal Guardian B Identity Document
- ☐ A copy of your child's Birth Certificate
- ☐ A copy of child's identity document or study permit number in the case of foreign residents
- ☐ Photo of pupil (ID-sized head and shoulders);
- ☐ A copy of your child's Clinic Card (Grade R and Grade 1 applicants only)
- ☐ A copy of your medical aid card (both sides)

ADDENDUMS:

- ☐ A] Statement of Beliefs
- ☐ B] Consent & Indemnity Form
- ☐ C] VCS School Fee Agreement
- ☐ D] VCS Debit Order Form
- ☐ Previous School Fee Information (emailed directly from the previous school to VCS)

OTHER: (If needed)

- ☐ Certified copy of Legal Documentation (Guardianship, Primary Caregiver, Fee payer, Maintenance/Court Order, etc.)
- ☐ Copy of any professional report, e.g. occupational therapy, IQ evaluation, speech therapy, etc. (If available);
- ☐ Consent of Biological Parent as per birth certificate (if not the enrolling parent).
- ☐ Letter of commendation from your pastor (not mandatory, but beneficial);
- ☐ Proof of payment of the application fee.

  Payment should be made as follows:

Account name:	Victory Christian School
Bank:	FNB
Account number:	6234 6644 140
Beneficiary ref:	APP [YOUR SURNAME] [GRADE] [YEAR] eg. ""APP SMITH GR00 2026"
Proof of Payment:	finance@victorycs.co.za

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STUDENT APPLICATION FORM

Academic Year applying for _____ Grade applying for _____

STUDENT INFORMATION	
Student Surname:	**Please affix a recent photo here**
Student's First Name:	
Student's MIddle Name:	
Date of Birth:	
Nationality:	
Age:	
Gender:	
Church Affiliation:	
Home Language:	
Medium of Instruction: ▢ **English** ▢ **Afrikaans**	

For Office Use Only

	Date		Date
▢ **Application Received**		▢ **A] Statement of Belief**	
▢ **Application Fee**		▢ **B] Consent & Indemnity Form**	
▢ **Latest School Report**		▢ **C] VCS School Fee Agreement**	
▢ **Latest School Fee Statement**		▢ **D] VCS Debit Order Form**	
▢ **Parent A/Legal Guardian A ID**		▢ **Biological Parent Consent Form**	
▢ **Parent B/Legal Guardian B ID**		▢ **Other (Study visa, etc.):**	
▢ **Birth Certificate**		**Applicant Accepted?**	
▢ **Medical Aid Card**		▢ **Yes** ▢ **No**	
▢ **School Fee Information from previous school**		**Starting Date:**	

PARENT INFORMATION

Parent A/Legal Guardian A:

Surname: _____

First Name: _____ Middle Name: _____

Identity Number: _____

Home Address: _____

Postal Address: _____

Town/City: _____ Code: _____

Nationality: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____ Occupation: _____

Employer: _____

Parent B/Legal Guardian B:

Surname: _____

First Name: _____ Middle Name: _____

Identity Number: _____

Home Address: _____

Postal Address: _____

Town/City: _____ Code: _____

Nationality: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____ Occupation: _____

Employer: _____

Marital Status: ▢ Married ▢ Single ▢ Divorced ▢ Separated

Student Resides With (check all that apply): ▢ Father ▢ Mother ▢ Step-Father ▢ Step-Mother

Other (Please specify)

_____

If **NOT** living with parents, please provide the following information:

Name _____ Relationship _____

Address _____

City _____ Code _____

Home Phone _____ Cell Phone _____

Work Phone _____Email _____

Employer _____ Occupation _____

Who should receive progress reports, report cards and other mailings? (Check all that Apply):

▢ Parent A ▢ Parent B ▢ Legal Guardian A ▢ Legal Guardian B

Other (Specify): _____

EMERGENCY CONTACT OTHER THAN PARENTS OR GUARDIAN

Name _____

Contact Numbers _____

Relationship to the Applicant _____

OTHER CHILDREN IN THE FAMILY

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

SCHOOL INFORMATION AND EDUCATIONAL BACKGROUND

Previous School(s) Attended (begin with the most recent):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been suspended, expelled or asked to withdraw from a school? ▢ Yes ▢ No

If yes, please provide the circumstances:

_____

_____

Have you ever consulted one of the following specialists on behalf of your child?

- A child psychologist? ▢ Yes ▢ No
- A speech therapist / audiologist? ▢ Yes ▢ No
- An occupational therapist? ▢ Yes ▢ No

Has your child ever repeated a grade, or skipped a grade? ▢ Yes ▢ No

If yes, which grade? _____

What was the reason? _____

Has your child ever received special help in any academic area? ▢ Yes ▢ No

If yes, please comment: _____

Has your child been recommended for a special class for gifted children? ▢ Yes ▢ No

If yes, please comment: _____

Medical Information

Doctor's Name: _____

Phone Number: _____ City: _____

Medical Aid Scheme: _____ Main member: _____

Membership Number: _____ Contact Number: _____

Main member ID: _____ ▢ Copy of main member ID if not a Parent

Is this Medical Aid plan… ▢ Full Medical Aid? ▢ Hospital plan only?

State the health condition of your child ▢ Excellent ▢ Good ▢ Other

Does your child suffer from Allergies? ▢ Yes ▢ No If, Yes (specify) _____

Does your child take any medication daily? ▢ Yes ▢ No

If Yes, please list medications:_____

_____

Please Note: VCS is unable to dispense any medication. Should your child have asthma or allergies, please ensure that your child has the necessary pump or epipen on them or in their school bag daily.

Student Profile

Why would you like your child to attend Victory Christian School? _____

_____

How did you hear about Victory Christian School? _____

_____

What phrases come to mind when describing your child? _____

_____

Please describe your child's greatest strength, both cognitive and social. _____

_____

Please describe your child's interests, including extra-curricular activities. _____

_____

Please share any major events that have occurred during your child's life that Victory Christian School should be aware of (relocation, death in the family, major illness, divorce, etc.).

_____

_____

_____

_____

_____

Parent Release

I, _____ the parent or legal guardian of _____, authorize a licensed physician to examine the above named student, and in the event of injury, to render such emergency care as he/she deems necessary for the treatment of such injury including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to take/send the above named student to the most accessible hospital or physician.

_____ _____ _____
Name of Parent A /Legal Guardian A Signature Date

_____ _____ _____
Name of Parent B /Legal Guardian B Signature Date

Church Affiliation

Church currently attending: _____

Church Phone number: _____ Pastor's Name: _____

Address: _____ City: _____

Attendance: ▢ Regular ▢ Occasional ▢ Seldom

Please give a statement of your Christian Faith:
Parent A /Legal Guardian A: _____

_____

_____

_____

Parent B /Legal Guardian B: _____

_____

_____

Has your child made a profession of faith in the Lord Jesus Christ? ▢ Yes ▢ No

How would you describe your child's spiritual life? _____

_____

VICTORY CHRISTIAN SCHOOL

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Victory Christian School is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. We rely seriously on the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.

Name of Parent A /Legal Guardian A	Signature	Date
Name of Parent B /Legal Guardian B	Signature	Date

Agreement

1) We agree to assist our child to submit to the academic and disciplinary regulations and all other requirements instituted by Victory Christian School and carried out by the staff.
2) No child may opt out of any activities on the basis of faith or preference. Every child is required to participate in Kingdom Alive classes, chapel, prayer and any other Christian discipleship activities.

Name of Parent A /Legal Guardian A	Signature	Date
Name of Parent B /Legal Guardian B	Signature	Date

ADDENDUM A – STATEMENT OF BELIEFS

By enrolling our child/ren at Victory Christian School, we accept that our child/ren will be educated in the following principles:

- All truth is found in God and is revealed to us in His Word, the Bible.
- Education is primarily the responsibility of the parents, and the school is an extension of that.
- Education is primarily about character and wisdom, and there should not be a separation between intellectual and character education.
- The ultimate goal of education is to produce many Godly generations.
- The family is valuable to God and, therefore, the daily engrafting of Scripture in the hearts of family members is a priority.
- Jesus is the centrality and authority in all that is taught and believed.
- We support the School Statement of Faith which includes that we believe:
  - ✔ in THE ONE TRUE GOD OUR FATHER, HIS SON JESUS CHRIST and THE HOLY SPIRIT
  - ✔ in the BAPTISM in the Holy Spirit
  - ✔ in the SCRIPTURES of the Old and New Testament
  - ✔ in the EXISTENCE OF SATAN who was defeated and judged at the cross
  - ✔ that ALL MEN ARE, BY NATURE AND CHOICE, SINFUL AND LOST
  - ✔ in SALVATION BY GRACE THROUGH FAITH
  - ✔ in THE PRIESTHOOD OF ALL BELIEVERS
  - ✔ in RIGHTEOUS LIVING AND GODLY WORKS
  - ✔ in THE LORDSHIP OF JESUS CHRIST
  - ✔ in the IMPORTANCE, INDEPENDENCE and AUTONOMY OF THE LOCAL CHURCH
  - ✔ In the KINGDOM OF GOD
  - ✔ in FUTURE LIFE, BODILY RESURRECTION AND ETERNAL JUDGEMENT

We acknowledge the Philosophy of Education of Victory Christian School and accept that our child/ren will be subject to these truths.

_____	_____	_____
Name of Parent A /Legal Guardian A	Signature	Date
_____	_____	_____
Name of Parent B /Legal Guardian B	Signature	Date

ADDENDUM B – CONSENT & INDEMNITY FORM

I,_____(Full name of Parent / Guardian)

Identity Number _____

Address _____

The parent/guardian of _____

Born on _____

hereby give my consent for my child/ren to take part in any and all extracurricular activities of the school as advised to myself, whether conducted on the school premises or extramurally, including, but not limited to, games, athletics, tours and excursions of general, vocational, educational, historical or scientific interest.

I understand that the school has taken all reasonable steps to ensure that the above activities are being conducted in road worthy vehicles, driven by licensed drivers, under approved supervision.

I fully understand and accept that all such activities shall be undertaken at my child's/ren's own risk, and I undertake, on behalf of myself, my spouse, my executors and my aforesaid child/ren to indemnify, hold harmless and absolute the school, the principal and his/her staff against and from any or claims whatsoever which may arise in connection with any loss or damage to the person or property of my aforesaid child/ren in the course of such activities and howsoever arising.

Signed at _____ on this _____ day of _____, 20_____

_____	_____	_____
Name of Parent A /Legal Guardian A	Signature	Date
_____	_____	_____
Name of Parent B /Legal Guardian B	Signature	Date
_____	_____	_____
Name of Witness	Signature	Date

ADDENDUM C – VCS SCHOOL FEE AGREEMENT

SCHOOL FEE AGREEMENT

1. Parents, hereby, admit and confirm that they:
    a. Are aware that the school fees are payable in respect of any and each individual academic school year or part of such year during which their child/ren are enrolled in VCS as students;
    b. Are jointly and separately liable in their personal capacities for the payment of school fees;
    c. Are aware of the amount of school fees so payable by them (as per school fee structure below);
    d. Are aware that the school fees may be increased from year to year and in which event they, the parents, are liable to pay the school fees so increased.
2. The school fees are payable as follows:
    a. Yearly, and in advance, before or on 7 January, in which case a 5% discount may be deducted from the annual fees;
    b. By monthly debit order, before or on the 1st day of each month during which their child/ren are enrolled as students in the school.

The School board approved the following school fee structure for 2026, effective 1 January 2027.		**SCHOOL FEES 2027**
Admission Fee for New Enrolments (Non-refundable) • Grade R – 7 The admission fee is payable on acceptance at Victory Christian School and is payable before your child starts.		R1 800 per student
School Fee per month* over 12 months (for Grades R-6) – PAYABLE MONTHLY IN ADVANCE • *January school fees are due by 1 January, February school fees by 1 February, etc.	Grade R Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6	R3 040 R4 380 R4 380 R4 380 R4 790 R4 790 R4 790
School Fee per month* over 10 months (Grade 7 only) – PAYABLE MONTHLY IN ADVANCE *January school fees are due by 1 January, February school fees by 1 February, etc.	Grade 7	R5 750

New students starting school at VCS before the 15th of the month pay full fees for that month, but if they start on or after the 15th of the month, they will only pay 50% of the fees for that month. This does not apply to students who join VCS at the beginning of a school year as school fees are calculated for the year and then spread over 12 months (or 10 months for Grade 7 students).

POLICY ON PAYMENT OF SCHOOL FEES

It is Victory Christian School's policy to contain costs within reasonable parameters, which will enable us to efficiently fulfil the school's vision. The school operates as a non-profit organization and therefore does not carry a risk margin for the non-payment of school fees.

CALCULATION OF SCHOOL FEES

The annual school fees shall be determined annually by the School Board and Parent A / Parent B / Legal Guardian/s shall be notified of the annual school fee prior to the commencement of the academic school year.

Fees must be paid by the first working day of every month, in advance.

PLEASE NOTE:

- A non-refundable registration fee as annually determined by the School Board is charged for Grade R to 7 on acceptance of all NEW ENROLMENTS into the school. Payments of this fee must be effected before the student commences classes in the school.

PAYMENT OF SCHOOL FEES

1. Payment of school fees shall be COMPULSORY and strictly by DEBIT ORDER only.
2. School fees for Grade R to Grade 6 students are payable on a monthly basis over 12 (twelve) months. The first month's payment is due by 1 January. Thereafter by the first working day of each subsequent month, in twelve equal payments (i.e. 1 January continuing until 1 December each year).
3. School fees for Grade 7 students will be payable over 10 payments from January until October.
4. School fees as prescribed in the annual fee structure from time to time, are payable monthly in advance, by the 1st of the month.
5. School fees are subject to an annual increase.
6. Parents will be invoiced for fees monthly.
7. Please note that Victory Christian School and Parents/Guardians enter a service supply contract. Should the Parent/Guardian default and the contract is breached, this service will be withdrawn from the signatory/signatories who will then have to withdraw the child/children concerned from the school, either for a period or permanently.
8. Should you decide to remove your child from the school, 1 (one) calendar month's written notice must be given. If the necessary notice is not given, you will be liable for 1 (one) month's school fees.
9. Should notice be given for the end of the school year, 2 (two) calendar months' written notice must be given. If the necessary notice is not given, you will be liable for 2 (two) months' school fees.

EARLY PAYMENT DISCOUNT

- A 5% discount will be given on the school fees if the full year's fees are paid on or before 7 January.

TERMS OF AGREEMENT

1. I/We have read and understood the Policy on Payment of school fees, with the details of payments due to the school.
2. I/We understand that Victory Christian School (VCS) is a private school, totally dependent on school fees for running expenses and the payment of teachers' salaries. I therefore agree to pay school fees faithfully and on time.
3. Without limiting or detracting from Victory Christian School's rights to enforce payment of any and all monies not paid on or before due date to VCS by the undersigned, Victory Christian School may, in its sole discretion:
    a. Suspend the student from attending classes until such date as all fees have been paid in full.
    b. Cancel the contract and disenroll the student.

4. I/We agree to pay the School Fees as set out on the annexure hereto by the 1st day of each month in advance. School fees for Grade 1 to 6 students are payable in 12 installments commencing on the 1st of January each year with the final payment being on the 1st of December each year. School Fees for Grade 7 Students are payable in 10 installments commencing on the 1st of January each year with the final payment being on the 1st of October each year.
5. Failure to pay any amount referred to in this Agreement on the due date, will entitle the School to proceed for immediate recovery of the total debt, subject to having given 7 (seven) days written notice to correct the arrears on the account.
6. Where parents fail to comply with their obligations in terms of this Agreement, then such parents will be deemed to have committed a breach in terms of the Agreement. Should monthly school fees remain unpaid at any time during the year, for 60 days or more, the Governing Body may at its discretion cancel this Agreement, and without prejudice to any other remedies which the School may have in law, proceed with the issue of summons for the recovery of the total amounts due.
7. In the event of the School having to instruct attorneys in respect of a breach of this Agreement and Acknowledgement of Debt, the parents shall pay costs on a scale between attorney and client incurred by the School in enforcing its rights under this Agreement and Acknowledgement of Debt, the costs including collection, commission and tracing fees.
8. A certified detailed debtors ledger issued by the School as to the existence and the amount of my/our indebtedness at any time to the School, and as to the fact that such amount is due and payable, shall be prima facie proof of the amount of such indebtedness.

GENERAL:

- No addition to or variation or cancellation of this Agreement and Acknowledgement of Debt shall be of any force or effect unless agreed in writing by the School.
- This Agreement and Acknowledgement of Debt constitutes the sole record with respect of my/our indebtedness to the School.
- No indulgence which the School may grant the parents shall constitute a waiver or novation of any of the past or future rights against the parents which may have arisen in the past or which arise in the future.
- This Agreement and Acknowledgement of Debt shall endure for the entire period during which the student is enrolled at the School unless replaced by a subsequent agreement when a student intends leaving the school under normal circumstances, by giving the required notice period. Upon leaving the School this agreement will automatically terminate, but the parents will remain liable for payment of all amounts owing to the School up to and including the date of leaving, or notice period, whichever applies.
- The School reserves the right to modify and or change any clause in this agreement that may be deemed necessary by the School Board, or as a consequence of changes in legislation, provided written notice thereof is given to the parents.

I, the undersigned, agree to the terms of this School Fee Contract with Victory Christian School. I understand and accept the consequences the school has put in place in the event of non-payment or late payment of school fees.

Signed at _____ this _____ day of _____, 20_____

_____	_____	_____
Name of Person Paying School Fees	Signature	Date
_____	_____	_____
Name of Parent A /Legal Guardian A	Signature	Date
_____	_____	_____
Name of Parent B /Legal Guardian B	Signature	Date

ADDENDUM D – PAYMENT INSTRUCTIONS FOR DEBIT ORDERS – School Fees

Please note: SCHOOL FEES ARE PAYABLE BY DEBIT ORDER ONLY

A. Authority

Name of account holder _____

Identity Number _____

Street Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account: ▢ Current (cheque) ▢ Savings ▢ Transmission

Amount (Monthly School Fees) _____

Date of Debit Order ▢ 25th or ▢ 28th or ▢ 1st of each month

Name of beneficiary: Victory Christian School
Abbreviated Name as Registered with the Bank VICTORYCS
Beneficiary's Address Corner Boegoe / Redheart Crescent
Wavecrest, Jeffreys Bay

This signed Authority and Mandate refers to our contract dated _____ /_____ /20_____ (the "School Fee Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ /_____ /20_____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

I understand that I shall have to sign a new debit order agreement every year to accommodate the annual school fee increase as well as the promotion to the next grade.

The individual payment instructions so authorized to be issued must be issued and delivered as follows:

▢ Monthly for 12 months ▢ Monthly for 10 months (Grade 7 students only)

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. **Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____, 20_____

_____
SIGNATURE as used for operating on the account

E. **Agreement Reference Number**

This Agreement reference number is: _____(Your account number with VCS, e.g. AAA001)

VICTORY CHRISTIAN SCHOOL

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PREVIOUS STATEMENT **SCHOOL FEE**

Only one form is needed per family. Thank you!

Name of Applicant/s _____

My son/daughter is applying for admission to Victory Christian School in Jeffreys Bay. In order to complete the application process, we would appreciate if you would complete this form and return it directly to:

ADMISSIONS OFFICE,
Victory Christian School PO Box 2117,
Noorsekloof, 6331
Jeffreys Bay, SA
Phone 042 296 0105
Fax 042 296 0500
Email finance@victorycs.co.za

Our application cannot be processed until the school office receives this form. Thank you for your prompt assistance in this matter.

_____

Signature of Parent / Guardian Date

Payment details to be completed by the Bursar at the applicant's current school:

Contact Person / Bursar at current school _____

Annual School Fees _____

How were the fees paid? ▢ Debit Order ▢ Cash ▢ Bank Transfer ▢ Monthly payments

Overdue Balance owing (as of the date of application) _____

_____

Signature of Bursar

_____

Date

Thank you for taking time to complete this form.

SCHOOL STAMP