



ACADEMY OF EXCELLENCE PRIMARY SCHOOL

PAYOR INFORMATION SHEET 2024

Linquinda, RACEWAY PARK, Bloemfontein, 9323; Tel 051 010 5204

E-mail: office@academyofexcellence.co.za

INFORMATION FORM FOR PARENT/GUARDIAN/PERSON RESPONSIBLE FOR SCHOOL FEES

Learner Name & Surname: _____ Grade: _____ 2024

Parent/Guardian Name & Surname: _____

Occupation: _____

Employer: _____

Payor Information

Name and Surname: _____

If Payor is not a parent/guardian of child, what is the reason: _____

Relationship to Learner:

Parent

Uncle

Grandparent

Aunt

Guardian

Other

Marital Status:

Married

Single Parent

Divorced

Other

Work Information:

Full Time

Unemployed

Part Time

Other

Company Name: _____

Position: _____

Salary Payment Date: _____

Bruto Income: _____

Employment Date: _____

Work Address: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Residential Address: _____

Renting: YES ☐ NO ☐

Owner: YES ☐ NO ☐

**PLEASE ATTACH LATEST PROOF OF SALARY ADVICE AND
3 MONTHS BANK STATEMENTS AS WELL AS PROOF OF RESIDENCE.**

I, _____, declare that the information on this form is correct and accurate.

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

Signature: _____