ACADEMY OF EXCELLENCE SECONDARY

INSTALMENT AGREEMENT 2025



Hereby I, (Full name and surname)	
With ID number: enter into an instalment agreement with Academy of Excellence. <i>(Please attach a copy of your ID Document</i>)	
Father: Contact number Moth	er: Contact Number:
Child's full name and surname:	Grade
Child's ID number:	
I, the undersigned, understand and agree that any payment received by the school will initially be allocated to the registration fee and maintenance levy, and only thereafter for school fees. I, therefore, understand if I do not pay the application fee and maintenance levy before the 31 st of January 2025, I will forfeit any annual discount. I understand that if my account is in arrears for 30 days, I will have to sign a Debit Order Form at the Finance Office for the remaining instalments.	
OPTION 1: ANNUALLY (PLEASE ONLY CHOOSE ONE OF THE OPTIONS)	
R	
OPTION 2: MONTHLY The monthly Instalment payable is:	
R	
In the event of non-payment of school fees, the school reserves the right to hand over both parties to this application, irrespective of any maintenance and/or court orders that may exist between the parties. The parties to this application undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees The school may conduct a credit inquiry and/or credit information search about the parent's non-performance with a credit information bureau, persons acting as their agents, and/or credit grantors. The school may record the parent's non-performance (Blacklist) with a credit information bureau which may be available to other credit grantors and used in making credit risk management-related decisions	
I declare that I am financially able to enter this instalment agreement and will be able to meet my commitments to this agreement. I hereby declare, with the undersigning of this document, that I have familiarised myself with the contents of the school's financial policy and agree to accept the consequences of non-compliance.	
SIGNATURE OF PAYOR RESPONSIBLE FOR FEES	WITNESS
/20 DATE COMPLETED / SIGNING OF ABOVE AGREEMENT	09.07.2024

Accredited by UMALUSI, Council for Quality Assurance in General and Further Education and Training - accreditation number: 18 SCH01 00482