ACADEMY OF EXCELLENCE SECONDARY SCHOOL

PAYOR INFORMATION SHEET 2025

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

Learner Name & Surname:_____ Grade: _____ 2025

Parent/Guardian Name & Surname:

Occupation: Employer:

Payor Information

Name and Surname:

ID Number:

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	

Employment information:

Employer name: Position:

Salary Payment Date: Gross income:

Employment Date:

Work Address:

Email:

Work Phone: Cell Phone:

Residential Address:

PROPERTY: Renting: YES □ NO □ Owner: YES □ NO □

Banking details of Payor:

Name of Account holder:

Name of Bank and branch code:

Account number:

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: _____