



ACADEMY OF EXCELLENCE PRIMARY SCHOOL

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

Learner Name & Surname:

Grade:

Parent/Guardian Name & Surname:

Occupation:

Employer:

Payee Information

Name and Surname:

If Payee 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

Work Information

Full Time

Unemployed

Part Time

Company Name:

Position:

Salary Payment Date:

Income:

Employment Date:

Work Address:

Email:

Work Phone:

Cell Phone:

Residential Address:

Renting:

Owner:

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

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

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

Signature: _____