



# HOLY CROSS SISTERS' SCHOOL

Tel: (021) 919 4734  
Fax: (021) 919 8263  
[admin@holycross.co.za](mailto:admin@holycross.co.za)  
[www.holycross.co.za](http://www.holycross.co.za)

BLOEMHOF STREET  
P O BOX 1016  
BELLVILLE 7535

## 2020 SCHOOL FEES

### **GRADE 1 – GRADE 7**

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R1 540	R15 400	R14 245 (pd by 31 Dec) R14 861 (pd by 31 Jan)	R1 155 (7.5%) R539 (3.5%)

### **PRE-PRIMARY**

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R1 700	R17 000	R15 725 (pd by 31 Dec) R16 405 (pd by 31 Jan)	R1 275 (7.5%) R595 (3.5%)

### **AFTERCARE**

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R980	R9800	R9 065 (pd by 31 Dec) R9 457 (pd by 31 Jan)	R735 (7.5%) R343 (3.5%)

### **SECURITY FEE**

	PER MONTH	PER ANNUM
Per child	R40	R400

**NB: If the full amount is paid by 31 December 2019, you are entitled to 7.5% discount  
or if the full amount is paid by 31 January 2020, you are entitled to 3.5% discount**

### **LEVY**

**R3000 per child per annum**, may be paid in full or in addition to the school fees, paid over 10 months – R300 per month. The levy will cover the following:

- Educational Shows, Guest Artists and Outings
- Educational and Library books
- Photocopy expenses
- Strategic and educational projects
- Art & Technology

### **METHOD OF PAYMENT**

Only debit orders will be accepted for monthly payments over 10 months or direct deposits for the once off discounted annual amount. For safety, cost and administrative reasons, **NO CASH will be accepted.**

Banking Details:

Bank: FNB  
Name: Holy Cross Sisters' School  
Acc No: 59382198265  
Branch: Cape Gate  
Code: 251945

### **NEW ENROLMENTS FOR 2020**

A **non-refundable** Acceptance Admission Fee of R4000 per child is payable on acceptance of your child for 2021.

### **WITHDRAWAL OF LEARNERS**

We require a **full term's notice in writing** and a **month's notice** for aftercare. Failure to do so will incur payment of a full term's/month's fees in lieu of notice. This is in accordance with school policy and will not be waived under any circumstances.



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## DEBIT ORDER MANDATE – 2020 Current Account

### PAYMENT INSTRUCTION *(Specify where applicable)*

Unique Reference Number MULTID FOR HOLY  
Recurring Payment Monthly  
Recurring Amount \_\_\_\_\_  
Once-Off Payment Amount \_\_\_\_\_  
Specific Collection Period From January 2020 to October 2020  
Variable Amount Allowed

### ACCOUNT HOLDER DETAILS

Title: \_\_\_\_\_  
Full names and surname / institution / trust \_\_\_\_\_  
RSA Identity number \_\_\_\_\_  
Passport number \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Registration number of institution / trust \_\_\_\_\_  
Type of institution: \_\_\_\_\_ *Company/Closed Corporation/Trust/Deceased Estate/Partnership/Other Legal Person*  
Physical Address \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Telephone Number (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
E-mail address \_\_\_\_\_

Learners Name	Grade	Account number (optional)

### BANK DETAILS

Name of bank \_\_\_\_\_ Name of branch \_\_\_\_\_  
Account number \_\_\_\_\_ 6 digit bank code \_\_\_\_\_  
Type of account Current  Savings  Transmission  Other \_\_\_\_\_

### DEDUCTIONS

Date of first deduction 15 January 2020 / 31 January 2020 (please circle preference) and thereafter regularly according to the agreement, on the 15<sup>th</sup> day / the last day of the following month (please circle preference).

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday); I agree that the payment instruction may be debited against my account on the **following business day**.

Any payments in arrears must be collected additionally with the first deduction? Yes  No

### DECLARATION

I, the undersigned, request \_\_\_\_\_ to arrange with my bank to collect, by means of the debit order system, the payments in terms of the stipulations of the contract and payments in arrears (as they may be amended from time to time / where applicable / where so requested) of the above-mentioned against my account.

Signature of payer \_\_\_\_\_

Date \_\_\_\_\_ (dd/mm/ccyy)