



**Acceptance of School Fees and/or Boarding Fees and Fee Collection Policy:**

I, \_\_\_\_\_ ID no:

\_\_\_\_\_

parent/guardian/custodian of: \_\_\_\_\_ in Grade \_\_\_\_

\_\_\_\_\_ in Grade \_\_\_\_

\_\_\_\_\_ in Grade \_\_\_\_

\_\_\_\_\_ in Grade \_\_\_\_

accept full responsibility for the payment of my child's school fees and/or boarding fees in accordance with this policy.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_

at \_\_\_\_\_ (place).

Witness 1: \_\_\_\_\_ Date:

\_\_\_\_\_

Witness 2: \_\_\_\_\_ Date:

\_\_\_\_\_