



HOLY CROSS SISTERS' SCHOOL

Tel: (021) 919 4734

Fax: (021) 919 8263

admin@holycross.co.za

www.holycross.co.za

BLOEMHOF STREET

P O BOX 1016

BELLVILLE 7535

2019 SCHOOL FEES

GRADE 1 – GRADE 7

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R1 420	R14 200	R13 490 (pd by 31 Dec) R13 774 (pd by 31 Jan)	R710 (5%) R426 (3%)

PRE-PRIMARY

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R1 600	R16 000	R15 200 (pd by 31 Dec) R15 520 (pd by 31 Jan)	R800 (5%) R480 (3%)

AFTERCARE

	PER MONTH	PER ANNUM	DISCOUNTED AMOUNT	SAVING OF
Per child	R900	R9000	R8 550 (pd by 31 Dec) R8 730 (pd by 31 Jan)	R450 (5%) R270 (3%)

SECURITY FEE

	PER MONTH	PER ANNUM
Per child	R40	R400

**NB: If the full amount is paid by 31 December 2018, you are entitled to 5% discount
or if the full amount is paid by 31 January 2019, you are entitled to 3% discount**

LEVY

R2500 per child per annum, may be paid in full or in addition to the school fees, paid over 10 months – R250 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 2020.

WITHDRAWAL OF LEARNERS

We require a **full term's notice in writing**. Failure to do so will incur payment of a full term'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 – 2019 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 2019 to October 2019

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 2019 / 31 January 2019 (please circle preference) and thereafter regularly according to the agreement, on the 15th 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)