

163 Hennie Alberts, Brackenhurst, Alberton, Johannesburg, 1449 Tel: 011 868 1372 / 082 300 2209 magijulie@gmail.com www.facebook.com/bridginggap

Statutory undertaking to pay Tutoring Fees

This is a separate document and requires **additional copies** to those attached to the Enrolment form.

- Copy of Birth Certificate/Passport
- Copy of Parent/Guardian ID/Passport
- Copy of Residential address

Particulars of Lear	ner being adn	nitted 1	to the Centre				
Surname of Learner	:						
First Name in Full: _							
First Name in Full: _	(As	shown	on birth certif	icate)			
Identity Number:							
Date of Birth:		Co	ountry of Birth	:			
Siblings attending T	he Centre						
Name		Surna	me		Grade		
L							
Mother/Guardian							
Surname:			Title: (Ms/M	/liss/Dr/	/Prof		
First Names (in full)			ID Man	mhori			
riist Names (iii luii)			ID Nul	iliber: _			
Marital Status:							
Married	Unmarr	ied	Di	vorced		Wid	ow
If married, please in	dicate how						
Ante-Nuptial	Community o	f	Customary		Hindu/Muslim		Other
	Property		marriage				

Relationship to Learner:

Legal Parent	Guardian	Grandparent	Stepparent	Other-indicate	
Residential address:					
		_Postal Code:			
Home Telephone Nu	ımber:	Cell Phon	e Number:		
Postal Address:		Postal Code:			
Name of Employer:		Occupa	tion:		
Employers Contact N	Number:	Contac	t no:		
Work or Personal er	nail address:		(for correspo	ndence)	
SARS reference num	ber:				
Father/Guardian					
Surname:		Title: (Mr/Dr/Pro	of		
First Names (in full)		ID Number:			
Marital Status:					
Married	Unmarried	Divorce	d	Widow	
If married, please indicate how					
Ante-Nuptial	Community of Property	Customary marriage	Hindu/Muslim	Other	
Relationship to Lear	ner:				
Legal Parent	Guardian	Grandparent	Stepparent	Other-indicate	
Residential address:					
		_Postal Code:			
Home Telephone Number:Cell Phone Number:					
Postal Address:		Postal Code:			
Name of Employers		Occupa	tion:		

Employers Contact Number:	Contact no:
Work or Personal email address:	(for correspondence)
SARS reference number:	

<u>Undertaking by Biological/Adoptive Parents/Legal Guardians</u>

I/We hereby apply to have the child whose name appears on this form as a learner at The Bridging Gap Academy (TBG)

- 1. I/We hereby certify that I/We are the biological/adoptive parents and that I/we have legal custody and or legal guardianship in respect of the above-named learner.
- 2. I/We undertake to adhere to the terms and conditions of this agreement.
- 3. I/we jointly and severally undertake to pay Tutoring fees and we/I understand the following:
- a. The annual Tutoring fees will be a **compulsory** sum per year and payable over 10 months or 12 months
- b. Tutoring fees are a **statutory requirement** and therefore a **priority** debt and must be paid before any other debt.
- c. Tutoring enrolment to be terminated if fees are in arrears of more than 2 months.
- d. Biological/Adoptive/Guardians are jointly and severally liable for the payment of the Centre fees irrespective of their marital status.
- e. If parents are in arrears with one instalment, then the **full** amount becomes due and payable immediately.
- f. In the event of non-payment of Tutoring fees TBG will institute legal action against **both** parents irrespective of maintenance and court orders which may exist between the parties.
- g. In the event of the centre having to take legal action for the recovery of fees, all legal costs, including attorney/client fees/ and collection costs incurred by the Centre will be charged to

the parents account.

- h. I/We authorise the Centre to record our non-performance of our Centre fee obligation.
- i. Should there be a dispute on your statement of your statement of account please notify the finance office in writing
- j. That in the event that I/we are not the natural parent and/or guardian of the child/ren, then I/we accept responsibility of parent as defined in section 1 of the South African School's Act.
 - 4. I/We consent that the Centre collect, store, and update personal information of me/us and the student.
 - 5. I/We consent that the Centre may provide the information to an authorised representative for a lawful purpose only.
 - 6. I/we give consent that the information provided be confirmed and updated where necessary by the Centre or the Authorized representative.
 - 7. I/We undertake to give notice in writing of any intention to remove my/our child from The Centre and furthermore return any books and or equipment belonging to the Centre and to ensure that Fees are paid up to date before the departure.
 - 8. I/We understand that the Centre reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
 - 9. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the pupil officially leaves The Centre.
 - 10. I/We choose domicillium citandi et executandi as indicated below. In the event of a change of address, parents/guardians are to notify the Centre in writing.

I/We choose domicillium citandi et executandi (official physical address) as:					

11. The parent/guardian declares that he/she is the legal guardian of the child and is entitled to sign this document and shall be bound hereto both as parent/guardian, and in his/her personal capacity.

Parent 1						
I	(full Names) ID No:					
Declare that I am the bio	ogical parent/adoptive pa	rent/legal guardian of				
And I shall be bound here	eto both as parent/guardia	n in my personal capacity.				
Signed on this	day of	20				
Signature						
Parent 2						
I	(full Names)	ID No:				
Declare that I am the bio	ogical parent/adoptive pa	rent/legal guardian of				
And I shall be bound here	eto both as parent/guardia	n in my personal capacity.				
Signed on this	day of	20				
Signature						