



SCHOOL FEE PAYMENT PROTOCOL

Learner's Surname:	
Learner's Full Name(s):	
Learner's Date of Birth:	

Accounts to be settled by (*tick appropriate category*): Parents Father Mother Guardian

Undertaking by Parent/s and/or Guardian/s

- 1) I hereby grant permission that a credit check may be done.
- 2) I hereby confirm that I am well aware that the payment of school fees is compulsory, which is payable in advance, in twelve equal monthly instalments, by the first working day of the month, without demand.

I undertake to honour my financial responsibilities. If problems are experienced in this regard, I will immediately approach the Financial Manager.

- 3) Method of payment: (*tick appropriate category*)

Annual (no discount)	
Monthly: (cash over 12 months: January to December)	
Monthly: (Direct Bank Transfer over 12 months: January to December)	
Monthly: (Stop Order to be arranged by me with my bank)	

NB! Please note that we do not accept payments by cheque or by credit card.

- 4) I understand that failure to comply with the school fee policy of Hebron Christian Academy will negatively affect my child/children's tuition which can result in the termination of the Contract for Tuition.

Signature: _____ Date: _____ Relationship: _____
(Father/Mother/Guardian)