



KLOOF JUNIOR PRIMARY

30 Abelia Road
3610 Kloof

CONFIDENTIAL FINANCIAL CLEARANCE CERTIFICATE

NAME AND SURNAME OF PUPIL: _____ GRADE: _____

NAME AND SURNAME OF PARENT: _____

NAME OF SCHOOL WHERE PUPIL IS CURRENTLY ENROLLED:

ADDRESS OF SCHOOL: _____

CONTACT NO OF SCHOOL : _____

SCHOOL FEES:

ANNUAL SCHOOL FEES: _____

FEES PAID TO DATE: _____

FEES IN ARREARS: _____

ANY OTHER COMMENTS: _____

I HEREBY CONFIRM THAT THE ABOVE INFORMATION IS CORRECT.

PRINCIPAL'S SIGNATURE

DATE



SCHOOL STAMP