



---

# 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