



# YORK HIGH SCHOOL

P O Box 254  
GEORGE  
6530

Tel : (044) 8742333 Fax : (044) 8735872

## MEMORANDUM OF AGREEMENT : SCHOOL FEES

entered into by and between

MR/DR/MRS/MISS : .....(Full names & Surname)

PHYSICAL ADDRESS : .....

PARENT/GUARDIAN OF : ..... GRADE .....

and

### THE GOVERNING BODY OF YORK HIGH SCHOOL, GEORGE

As parent/guardian of the above pupil/s at York High School, I/we undertake to ensure that the school fees are paid in terms of the conditions stated herein. I/We agree to the jurisdiction of the Magistrates Court, and further consent to pay costs on the scale of attorney own client for any legal action that might arise out of this agreement. I/We choose the above address as my/our *domicilium citandi et executandi* for any execution or delivery of any notice or legal process that may arise out of this agreement.

**School fees are payable in advance. Arrangements can be made to pay on a monthly or quarterly basis. Should such payments not be up to date, the full annual amount becomes due and payable immediately. We advise that interest at current rates may be charged on overdue accounts. This agreement is binding for the full period your child/ren attend/s York High School.**

I/We have elected to pay as follows :

(Please tick only **ONE** block)

Cash / Cheque / EFT / Debit or Credit Card

Yearly, in Advance	<input type="checkbox"/>
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Quarterly, in advance	<input type="checkbox"/>
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Monthly, in advance	<input type="checkbox"/>
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OR

Debit Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 <sup>st</sup>	15 <sup>th</sup>	25 <sup>th</sup>

\* **ONLY if you choose to pay by means of a Debit Link are you required to complete the form on page 2.**

\*\* NB. Should my/our debit order not be met by the bank for any reason I/we agree to pay a handling fee of R30.00 per occasion to cover additional bank charges & administration and my/our debit order will be cancelled. Should my/our debit order not be met after three consecutive occasions, York High will be compelled to cancel it.

Occupation of Payer : ..... Employer : .....

Postal Address of Payer : .....

..... Code : .....

Telephone No. of Payer : (Home) ..... (Work) : .....

Cellphone No. : .....

Email Address of Payer : .....

I.D. Number of Account Payer : .....

**SIGNATURE OF ACCOUNT PAYER** : ..... Date : .....



## YORK HIGH SCHOOL DEBIT ORDER FORM

<b>BANK</b> .....	<b>BRANCH CODE:</b> .....
<b>BANK ACCOUNT NO.</b> .....	
<b>TYPE OF ACCOUNT</b> Savings/Current/Transmission	

I/We hereby request Electronic Banking Services to draw against my/our Bank account by automatic debit order in accordance with ACB System a sum equal to one tenth of the annual fee from February to November of each year during which the child/ren attend the school.

I/We understand that I/we can terminate this arrangement by written notification any time, but that the termination will have no effect on withdrawals already made by the Bank.

I/We authorise York High School to change this amount if school fees are increased by the Governing Body in the future. In this event the school will notify me/us in writing of such a change.

PUPILS AT YORK (First Name and Surname) :

..... IN GRADE ...../20 .....

.....IN GRADE ...../20 .....

.....IN GRADE ...../20 .....

SIGNATURE OF ACCOUNT PAYER : ..... DATE : .....

FULL NAMES (PLEASE PRINT) .....

For office use only :
SCHOOL ACCOUNT NO. : .....

Please see reverse side