

Raasbakkies Kleuterskool

Hoewe 169 Elandsdrift

014 574 3312/082 762 4169

Ck: 2008/169546/23

jani.raasbakkies@gmail.com

www.raasbakkies.info



Payment Agreement 2025:

Person responsible for payment of school fees (mark with an X where applicable)

Surname and full names of person responsible for account: _____

ID Number: _____

Relationship: Father _____ Mother _____ Other Person _____

Residential Address: _____ Postal address: _____

Code: _____ Code: _____

Tel (home) _____ Tel (work): _____ Cell phone: _____

I hereby certify:

- Unless I commit to promptly paying my account, that said amount will be fully payable for full term of annual payment.
- I hereby allow permission for any legal means to recover the said amount plus any extra funds, plus any interest accumulated during this period as per government agreed method.
- I agree to contents of this document and state that I am fully aware of contents in this document and that I am fully aware of legal implications.
- I agree to pay all school fees before or on the 1st of each month.
- October, November and December is not considered as months of notice.

Signature of person accountable: _____ Copy of ID must be enclosed

INTERNET BANKINGS ARE WELCOME

CARD FACILITIES AT SCHOOL

NO CASH ON PREMISES PLEASE

Banking details:

**Standard bank Mooinooi
Raasbakkies Kleuterskool
Cheque Acc 03 320 539 6
Tak kode: 052546**



Raasbakkies Kleuterskool

Hoewe 169 Elandsdrift

014 574 3312/082 762 4169

Ck: 2008/169546/23

jani.raasbakkies@gmail.com

www.raasbakkies.info

