



## FINANCIAL CLEARANCE CERTIFICATE

Name of pupil: \_\_\_\_\_

Name of Person responsible for school fee payments: \_\_\_\_\_

ID Number of person responsible for school fee payments: \_\_\_\_\_

Name of School where learner is currently enrolled: \_\_\_\_\_

Telephone number of current school: \_\_\_\_\_

Email address of current school: \_\_\_\_\_

Annual fees for current Grade  (specify grade) R

Fees paid to date: R

Fees outstanding: R

Comment:

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This is to certify that to my knowledge the above information is correct and true.

Name of person completing this form \_\_\_\_\_

\_\_\_\_\_

Signature of Principal/Bursar

Date

School Stamp



Member of the Catholic Schools' Board  
Member of the Catholic Institute of Education  
Member of the Catholic Schools Proprietors' Association

