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Wes-kaap Oudersysdepartement

Western Cape Education Department

Ishe leAfundo leNtshona Koloni

2

CIRCULAR 0029/2001

TO

CHIEF DIRECTORS, DIRECTORS, AREA AND CIRCUIT MANAGERS PRINCIPALS  
AND CHAIRPERSONS OF GOVERNING BODIES OF PUBLIC SCHOOLS

TRANSPORT BURSARIES AND BURSARIES FOR PRIVATE BOARDING PAYABLE  
TO NEEDY LEARNERS AT PUBLIC SCHOOLS OF THE WESTERN CAPE  
EDUCATION DEPARTMENT

- 1 Approval has been granted for the retention of the transport bursary of R800.00 per learner per year to needy learners in public schools under governance of the Western Cape Education Department in the Paarl, West Coast, George and Worcester areas, with effect from 1 January 2001 and subject to the following conditions and to the application of the approved means test
  - A learner must be transported daily to the school
  - A learner should not already be receiving a boarding bursary
  - A learner should attend his/her nearest suitable school which is more than 5km from his/her home
  - There should be no transport schemes available
  - Only learners in the George, Paarl, Worcester and West Coast areas qualify for a bursary
- 2 Approval has also been granted for the retention of a bursary for learners who board privately with effect from 1 January 2001. This bursary is also for R800.00 per learner per year. This is applicable only to learners in the George Paarl, West Coast and Worcester areas and subject to the application of the approved means test and to the following criteria

- A learner must board with someone other than the parents
- A learner should not already be receiving a transport bursary
- A learner should attend his or her nearest suitable school which is more than 5km from his or her home
- There should be no transport schemes available
- Learners must reside in country towns in the George, Paarl, West Coast and Worcester areas
- Learners in a hostel which are not regarded as state hostels, but whose circumstances meet with the criteria stated above, qualify for a private boarding bursary
- Learners from other provinces who attend schools in the Western Cape, will not qualify for financial assistance
- The contents of the circular must be brought to the attention of all concerned
- Your co-operation will be appreciated

HEAD: EDUCATION  
DATE:

13 March 2001



**WES-KAAP ONDERWYSDEPARTEMENT  
WESTERN CAPE EDUCATION DEPARTMENT  
ISEBE LEMFUNDO LENTSHONA KOLONI**

**APPLICATION FOR BOARDING/PRIVATE BOARDING/TRANSPORT BURSARY  
YEAR : .....**

**NOTA BENE:**

- (a) This form must be completed by the parent(s) or legal guardian(s) of the learner(s)
- (b) Applications must be renewed yearly.
- (c) The completed form must be submitted to the Hostel Superintendent.

1. **Name of hostel/School ..... Boarding/Transport fees per quarter .....**

2. **Particulars concerning learner(s) for whom application is made:**

Name of Learner	Grade	Nearest School to home	Distance to nearest school (km) from home	School where enrolled	Distance to school enrolled at (km)	Parent/Guardian contribution to quarterly fees
1.						
2.						
3.						
4.						
5.						

3. **Personal particulars of parent or guardian**

Surname : .....

Full first names: .....

Address : .....

.....

.....

Tel. (home): .....(work) .....

Name of contact person (if you are not in possession of your own telephone):

.....

Tel: .....

Marital Status of Parent or Guardian  
(Indicate by means of a cross in the relevant block)

Married	Single	Divorced	Widower	Widow	Guardian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Nota bene : Only applicable in respect of private boarding**

Name of boarding parent: .....

Address of boarding parent: .....

**Nota bene : Only applicable in respect of transport**

Name of transport contractor : .....

Address: .....

**4. Particulars of other dependant children**

**Nota Bene : Students older than 26 years will not be taken in consideration.**

	NAME AND SURNAME	NAME OF INSTITUTION	AGE
1.			
2.			
3.			
4.			
5.			

**5. Annual gross income of parent(s) or guardian(s) (including all bonuses, overtime, housing subsidies, and other allowances)**

5.1 Indicate your gross annual income by making a cross in the appropriate column (see paragraph 5.5). A salary advice must be furnished if provided by the employer.

5.2 Where both parents or guardians have incomes, indicate both incomes.

**Nota Bene : Your employer(s) must indicate and sign in which income group you belong (see paragraph 6.1) if a salary advice is not provided by the employer.**

5.3 If you are selfsupporting, attach your previous financial year's income tax assessment or IRP5. If this is not available, attach an audited statement of your income and expenditure or a statement by your auditor, accountant or bookkeeper.

5.4 Child/foster care/disablement allowance.  
Indicate your gross annual income from these sources by making a cross in the appropriate column (see paragraph 5.5).

**Nota Bene : A Commissioner of Oaths must sign a statement in this regard (see paragraph 6.2)**

## 5.5 Table

INCOME GROUP (R)	PARENT 1 (X)	PARENT 2 (X)	NAME OF EMPLOYER	NATURE OF INCOME (SALARY/ BONUS/ ALLOWANCE)
0 - 5 000				
5 001 - 10 000				
10 001 - 15 000				
15 001 - 20 000				
20 001 - 21 000				
21 001 - 22 000				
22 001 - 23 000				
23 001 - 24 000				
24 001 - 25 000				
25 001 - 26 000				
26 001 - 27 000				
27 001 - 28 000				
28 001 - 29 000				
29 001 - 30 000				
30 001 - 31 000				
31 001 - 32 000				
32 001 - 33 000				
33 001 - 34 000				
34 001 - 35 000				
35 001 - 36 000				
36 001 - 37 000				
37 001 - 38 000				
38 001 - 39 000				
39 001 - 40 000				
40 001 - 41 000				
41 001 - 42 000				
42 001 - 43 000				
43 001 - 44 000				
44 001 - 45 000				
45 001 - 46 000				
46 001 - 47 000				
47 001 - 48 000				
48 001 - 49 000				
49 001 - 50 000				

5.6 TOTAL GROSS annual income to the nearest rand (if more than one income is received, for example 2 salaries, salary + bonus + maintenance, etc.) : R.....

5.7 If unemployed, attached a sworn declaration by a Commissioner of Oaths in this regard.

6. **Declarations**

6.1 Employers(s)

Parent 1

I, ..... of (name of company) .....  
hereby certify that the salary particulars of ..... are, correct.

.....  
SIGNATURE OF EMPLOYER / RESPONSIBLE PERSON DATE

Parent 2

I, ..... of (name of company) .....  
hereby certify that the salary particulars of ..... are, correct.

.....  
SIGNATURE OF EMPLOYER / RESPONSIBLE PERSON DATE

6.2 Commissioner of Oaths

I certify that ..... to the best of my knowledge, receives an allowance as stipulated above.

.....  
COMMISSIONER OF OATHS DATE

6.3 Parent/guardian

I, ..... hereby declare that I have withheld no information with regard to my financial position and all information given on this form is correct. I accept that if at any stage it is established that the information that I have given is not correct, the financial assistance awarded to me will be withdrawn and I shall have to repay the amount of such assistance already paid to me.

.....  
SIGNATURE DATE

The declarer hereby pledges that he/she is fully conversant with the contents of this declaration and understands it.

Sworn before me at ..... on the ..... day of .....

.....  
PRINCIPAL/COMMISSIONER OF OATHS

6.4 Principal

6.4.1 I, ..... hereby certify that the learner is attending the nearest suitable school in the Western Cape Province and that he/she resides further than 5 km from the school.

6.4.2 The above-mentioned criteria do not apply to this learner, but I recommend the application for the following reasons:

.....  
.....  
.....  
.....

.....  
SIGNATURE

.....  
DATE

In the latter case (see paragraph 6.4.2) the application must be referred to the Circuit Manager for a recommendation.

6.5 Recommendation of Circuit Manager

Application approved/not approved.

Comments:

.....  
.....  
.....

.....  
SIGNATURE

.....  
DATE

(FOR OFFICE USE ONLY)

## CALCULATION OF BURSARY FEES

Name(s) of learner(s) .....

Cross income R .....

Number of dependants .....

Percentage according to .....

Sliding scale .....%

Maximum State Contribution	Quarterly hostel tariff	Parent/guardian contribution according to sliding scale/or higher amount offered	Departmental subsidy/bursary
R	R	R	R

IT IS HEREBY CERTIFIED THAT THE INFORMATION FURNISHED ON THE APPLICATION FORM AND THE ACCOMPANYING DOCUMENTARY PROOF HAVE BEEN VERIFIED

OFFICE DATE STAMP

.....  
DRAFTER

VERIFIED AND APPROVED.

.....  
HEAD : EDUCATION