

### HOËRSKOOL HERMANUS HIGH SCHOOL

**1** (028) 312-3760

principal@hermanushigh.co.za

De Villiers Street, Hermanus www.hermanushigh.co.za

<u>bus@hermanushigh.co.za</u>

<u>bus@hermanushigh.co.za</u>

Secretary: Mrs. J. Booyens





#### **HERMANUS SCHOOL-PTA BUS FUND**

Dear Bus Parents A November 2024

NB: YOUR BUS ACCOUNT MUST BE SETTLED BY 30 NOVEMBER 2024 TO PROVIDE YOUR CHILD ACCESS TO THE BUS IN 2025.

The bus rates from January - October 2025 will be as follows:

| GANSBAAI  | BEDRAG      | R43 BOTRIVIER | BEDRAG      | HAWSTON     | BEDRAG      | ONRUS     | BEDRAG     |
|-----------|-------------|---------------|-------------|-------------|-------------|-----------|------------|
| YEARLY    | R 17,076.00 | YEARLY        | R 14,123.00 | YEARLY      | R 11,463.00 | YEARLY    | R 6,993.00 |
| PER TERM  | R 4,269.00  | PER TERM      | R 3,530.75  | PER TERM    | R 2,865.75  | PER TERM  | R 1,748.25 |
| PER MONTH | R 1,707.60  | PER MONTH     | R 1,412.30  | PER MONTH   | R 1,146.30  | PER MONTH | R 699.30   |
| KLEINMOND | BEDRAG      | BETTIESBAY    | BEDRAG      | FISHERHAVEN | BEDRAG      | SANDBAAI  | BEDRAG     |
| YEARLY    | R 17,076.00 | YEARLY        | R 18,195.00 | YEARLY      | R 11,614.00 | YEARLY    | R 6,652.00 |
| PER TERM  | R 4,269.00  | PER TERM      | R 4,548.75  | PER TERM    | R 2,903.50  | PER TERM  | R 1,663.00 |
| PER MONTH | R 1,707.60  | PER MONTH     | R 1,819.50  | PER MONTH   | R 1,161.40  | PER MONTH | R 665.20   |
| STANFORD  | BEDRAG      | PRINGELBAY    | BEDRAG      | VERMONT     | BEDRAG      | VOËLKLIP  | BEDRAG     |
| YEARLY    | R 14,123.00 | YEARLY        | R 18,692.00 | YEARLY      | R 7,187.00  | YEARLY    | R 6,670.00 |
| PER TERM  | R 3,530.75  | PER TERM      | R 4,673.00  | PER TERM    | R 1,796.75  | PER TERM  | R 1,667.50 |
| PER MONTH | R 1,412.30  | PER MONTH     | R 1,869.20  | PER MONTH   | R 718.70    | PER MONTH | R 667.00   |

The enclosed Terms and Conditions (compulsory for all our bus learners) required for 2025, must please be completed and returned to the school not later than Friday, 15 November 2024.

Please note that, should this form not be in our possession on Friday, 15 November 2024 your child's seat on the bus will not be guaranteed for 2025.

Each bus driver will receive a list of the names of learners who have returned their fully completed Terms and Conditions and whose 2024 account has been settled in full. Only those learners will be allowed onto the buses in January 2025.

The bus fees are payable annually in advance. As a concession the bus fees may be paid monthly in ten payments provided that the first payment is made promptly, not later than 31 January 2025 and monthly thereafter, up to and including 31 October 2025. Please note that should you receive your salary on the 15<sup>th</sup>, then your bus fees are payable strictly not later than the 16<sup>th</sup> of every month, therefore your first payment is due on 16 January 2025.

Anyone who selects a quarterly or monthly payment plan has to note that, if you did not make the necessary payment on time according to the payment date, your child will not be able to make use of the bus service. Your child will only be allowed to travel on the bus once he/she has shown the necessary proof of payment to the bus secretary. We refer you to paragraph 6 of the enclosed Terms and Conditions in this regard.

No bus tickets will be issued to bus learners in 2025. The bus secretary will continuously supply the bus driver with a list of the names of learners who may travel on the bus.

Should a learner wish to bring along a school friend to travel on the bus, a day ticket has to be purchased before the school friend will be allowed to travel on the bus.

Increases in bus rates will be given one calendar month's written notice in advance.

Please note that we require written confirmation one month in advance should you no longer require the bus services. If written confirmation is not received, you will be liable for that month's bus fees.

Thank you in advance for your support in this matter.

J BOOYENS BUS SECRETARY MJ SMUTS PRINCIPAL

Gansbaai - Stanford - Voëlklip - Bettysbay - Pringlebay Kleinmond - Botrivier - Fisherhaven - Hawston - Vermont - Onrusrivier - Sandbaai - Mount Pleasant

# HOËRSKOOL HERMANUS HIGH SCHOOL

1941 **PRINCIPAL MJ Smuts** 

**1** (028) 312-3760 principal@hermanushigh.co.za 132, Hermanus, 7200

**9** De Villiers Street, Hermanus www.hermanushigh.co.za

bus@hermanushigh,co.za Secretary: Mrs J. Booyens



### **HERMANUS SCHOOL-PTA BUS FUND**

### TERMS AND CONDITIONS FOR THE PAYMENT OF BUS FEES FOR 2025

| IA۱        | ME of LEARNER(S):  |   | GRADE:   |  |  |
|------------|--|---|--|--|--|
|            | <ul> <li>The father and mother and learner.</li> </ul>   | es bus fees as determined by the market<br>d/or guardian(s) (where applicable) of ev<br>fee-paying Bus Fund and fees are pa<br>Bus Fund.  | ery learner are jointly and severally res  |  |  |
|            | l,   |   | hereby declare that I am the person  |  |  |
|            | responsible for the payment of the bu  | s fees for  |  |  |  |
|            | and that he/she /they will use the   |   |  | bus route from   | 2025.  |
|            | I bind myself contractually to abide by  | the following payment option:-  |  |  |  |
| lea        | ase indicate the chosen payment plan   | of your choice with an x in the relevant be   | OX.  |  |  |
|            | Single payment of the full annual amount   | ount not later than Friday, 28 February 2   | 025, minus a discount of 3%.   |  |  |
|            | Cash or internet payment for the amo   | ount due for the term, payable quarterly i  | n advance, not later than the first Frida  | ay of every term.  |  |
| <b>3</b> . | later than the 16th or on the last day of  | Internet or debit order (10 monthly insta<br>of every month from 16 / 31 January 202<br>on the enclosed debit order on the last pa  | 5 and monthly thereafter up to and incli   |  | ed strictly not                                |
| ١.         | Payments by debit or credit card (Please complete the attached de  | at the school's Finance Office on the bit order on the last page.)  | same dates as specified above.   |  |  |
| i.         | term, which varies according to your option, you must obtain a subsidy for of Oaths and returned to the financia | ners from Hermanus Primary School.) A income, and pay the rest yourself in the min person from the financial secretary I secretary as soon as possible together on Department has approved / rejected | e same way as in paragraph 4 above<br>without delay. This application form m<br>with certified supporting documentatio | here. Please note that if yo<br>nust be signed in front of a C<br>n. Until such time as this for | u choose this<br>commissioner<br>m is received |
|            | r and crony monan  |   |  |  |  |
|            | Bank Details: OOV BUSFOND  | OS - ABSA BANK – 632005 – Ac  | c No/Rek no: 3220261041  |  |  |
|            | NB: Should you pay your fees direct bus secretary. Please refer to paragraph                                     | ly into our bank account, please remenaph 6 below.  | nber to email proof of payment to bus@   | @hermanushigh.co.za, for at  | tention of the                                 |
|            |  |   |  |  |  |
|            |  |   |  |  |  |
|            |  | Initials: Parent 1 / Guardian 1   | Parent 2 / 0   | Guardian 2   |  |

|   | hereby acknowledge that we are lawfully indebted to<br>his document which we confirm we have read and understood, for the sum due for the<br>of the PTA Bus Fund, or its assignee/s, to increase the tariff, giving 1 (one) calenda                             |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| We undertake herewith, in our said capacity, to accept the accompanying trawill ensue between the PTA Bus Fund and ourselves after acceptance of this | insport regulations as legal and binding in relation to the contractual relationship that application to make use of this transport service.  |  |  |  |  |  |  |  |  |  |  |  |  |
| these Terms and Conditions and undertake to notify the PTA Bus Fund in w  | es) as the parents' / guardians' domicilium citandi et executandi for the purposes or<br>riting of any change of any of the addresses set out below. The signatories warran<br>and are agreed to and the contract is entered into on such terms and conditions. |  |  |  |  |  |  |  |  |  |  |  |  |
| NB: Fields that are marked with * are compulsory. Please notify the PT  | TA Bus Fund immediately if any of your details change.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Parent 1 / Guardian 1 (Full Name & Surname in print please) *   | Parent 2 / Guardian 2 (Full Name & Surname in print please) *   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Address*   | Physical Address*   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code:  | Postal Code:  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel:*   | Tel:*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell:   | Cell:   |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail:*  | E-mail:*  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address*   | Postal Address*   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code:  | Postal Code:  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer*   | Name of Employer*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel:*   | Tel:*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Address of Employer*  | Address of Employer*  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code:  | Postal Code:  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIONED at   | 20  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNED at on the day of<br>ID of Parent 1 / Guardian 1*   | 20<br>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Parent 1 / Guardian 1*   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| ID of Parent 2 / Guardian 2*  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Parent 2 / Guardian 2*   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Financial Secretary  | Mrs. Jacky Booyens  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Financial Secretary  | Jenyes.   |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 9   |  |  |  |  |  |  |  |  |  |  |  |  |

#### TERMS AND CONDITIONS OF THE HERMANUS SCHOOL- PTA BUS FUND ARE AS FOLLOWS:

- 1. The bus fees are payable annually in advance not later than 28 February 2025, unless one of the provided alternate payment plans have been selected and this selection approved with the signature of the Financial Secretary. In the event of the parents / guardians failing to make any payment promptly on or before the due date, the PTA Bus Fund shall have the right to demand the immediate payment of the total amount owing to the PTA Bus Fund. The parent / guardian further accepts that in such circumstances, the parent / guardian shall be liable for the payment of all legal fees on the attorney-and-client scale of costs, including collection commission, incurred by the PTA Bus Fund in demanding and enforcing compliance with the parent's / guardian's obligations in terms hereof.
- 2. In order to qualify for the 3% discount on bus fees that is applicable if the single payment plan is selected, the total amount that is due must be paid in full not later than 28 February 2025.
- 3. If cash payments are made directly at ABSA, or if internet payments are chosen, payments must be made not later than the 16<sup>th</sup> or on the last *day of every month*. Please remember to quote the relevant account number as per the PTA Bus Fund's bus fee statement as reference on the payment advice slip. Please fax proof of payment to email **bus@hermanushigh.co.za**.
- 4. If cash, debit or credit card payments are made at the Financial Secretary's office, these must be submitted not later than the 16<sup>th</sup> or on the last day of every month.
- 5. If any portion of the total amount of bus fees that is payable in terms of a specific payment plan is not paid on or before the specified date, the full outstanding amount of the annual bus fees will become due and payable and may be handed over for debt collection. Furthermore, the full outstanding amount of the annual bus fee will attract interest at the rate of 2% per month calculated from the due date until the actual date of payment of the outstanding portion.
- 6. Please bear in mind that should any payment not be received on the due date; the learner will immediately no longer be able to make use of the transport services. Your child will not be allowed on the bus and you will have to arrange for alternative transport. No communication whatsoever will be made to inform you beforehand.
- 7. All bus fee payments shall be deposited into the "OOV Busfonds" account (ABSA Bank Hermanus, Branch code 632005; Account no. 322 026 1041) and the relevant account number as per the PTA Bus Fund's fee statement shall be used as reference.
- 8. For the purpose of any legal action arising from this agreement we hereby consent to the jurisdiction of the Magistrate's Court notwithstanding the fact that such proceedings may otherwise be beyond its jurisdiction and confirm that whole cause of action arose wholly within the district of the Hermanus Magistrate's Court. This clause shall constitute the required written consent conferring jurisdiction upon the said court pursuant to the provisions of the Magistrate's Court Act of 1944.
- 9. All payments made to the "OOV Bus fonds" shall be allocated in the first instance to the payment of Debt Collection Costs, then to the payment of Interest and finally to the payment of Bus Fees.
- 10. The parents / guardians further agree that any notice sent to the parents / guardians by prepaid registered post / email at the chosen postal / email address shall be deemed to have reached the parents / guardians within seven days after the date of dispatch, unless the contrary is proved.
- 11. Parents are responsible for informing the PTA Bus Fund and / or his assignee/s (forthwith called "the OWNER") in good time if the transport service is no longer needed. If the parents omit to inform "the Owner" accordingly they accept that not making use of the service for a specific day or period does not exempt them from paying the agreed tariff.
- 12. The owner has the right to terminate the transport service of a learner who is guilty of unacceptable behaviour (at the complete discretion of the owner) and persists with this behaviour after 3 (three) warnings to stop this behaviour. The owner will not be responsible for refunding any monies paid in advance/still due for the period by the parents of such learner after the termination of usage of this transport service.
- 13. These regulations, as well as changes to them that may occur from time to time, of which said changes will be notified to the parent / guardians or their legal representatives / estates / assignees, bind the parent / guardians and/or their legal representative / estates / assignees and stay binding to the date on which the agreement for the usage of this transport service is terminated in writing by either of the two parties concerned.
- 14. The parents / guardians further agree that no variation of these Terms and Conditions shall be of any effect unless reduced to writing and signed by the parents / guardians and the Financial Secretary on behalf of the bus fund.

| Initials: | Parent 1 / Guardian 1 | Parent 2 / Guardian 2 |
|-----------|-----------------------|-----------------------|



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Secretary: Mrs J. Booyens



**PRINCIPAL MJ Smuts** 

### **HERMANUS SCHOOL – PTA DEBIT ORDER AUTHORISATION – 2025**

| For office use only  |   |   |  | D  | ebit O                            | rder No       | ).:     |                  |          |            |               |          |                  |       |                   |        |             |
|--|---|---|--|--|-----------------------------------|---------------|---------|------------------|----------|------------|---------------|----------|------------------|-------|-------------------|--------|-------------|
| Account Holder Deta  | ails:   |   | l .  |  |                                   |               |         |                  |          | l .        | L.            |          | ı                |       | ı                 |        |             |
| Parent's Full Name ar<br>Surname   | nd  |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Home Address   |   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Tel (home):  |   |   | ٦  | Tel (work):                                    |                                   |               |         |                  |          | Cell:      |               |          |                  |       |                   |        |             |
| Leaner's Surname   |   |   | L  | Learner's First Name                           |                                   |               |         |                  | Bus Fees |            |               |          |                  |       |                   |        |             |
|  |   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
|  |   |   | 1  | OTAL   | Month                             | ıly Pay       | ment    |                  |          | R          |               |          |                  |       |                   |        |             |
| Bank Details:  | 1   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Account Holder:  |   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Bank:  |   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Branch Name:   |   |   |  |  |                                   |               |         | [                | 3ranch   | n Code:    |               |          |                  |       |                   |        |             |
| Account Type:  | Cheq  | ue:                                       |  |  | •                                 | Savir         | ngs:    |                  | •        |            | Transmission: |          |                  |       |                   |        |             |
| Account No.:   |   |   |  |  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| Please attach a bank   | verific   | ation                                     | copy o   | f your   | accou                             | nt num        | ber.    |                  |          |            |               |          |                  |       |                   |        |             |
| Debit Order Process  | ing: (1   | Janua                                     | ary 202  | 5 – 30   | Noven                             | nber 20       | 025)    |                  |          |            |               |          |                  |       |                   |        |             |
| 1st of each month  |   |   |  | <sup>th</sup> of ea                            |                                   | nth           |         |                  | 25       | oth of eac | h mon         | th       |                  |       |                   |        |             |
| Last day of each mon   | th  |   | Da   | Date of choice                                 |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |
| NB: Please note that when I, the undersigned, hereby arrangement remains valid UNDERTAKING:  "I/We acknowledge that the authority to any third party without prior written conservations." | authorize<br>I until the f<br>ne party h<br>without m | Herma<br>full annu<br>ereby a<br>ny/our p | inus High<br>ual schoo<br>authorize<br>rior writte | School<br>of fees had<br>d to effe<br>en conse | to withd<br>ave been<br>ect the d | raw the paid. | above a | mount<br>st my/o | from m   | y bank acc | count. U      | Inless c | ancell<br>sign a | ed in | writing  its righ | by the | School, the |
| Signature of Account Holder  |   |   |  |  |                                   | j             | Date    |                  |          |            | _             |          |                  |       |                   |        |             |
| Signature of Fee Payer   | (if not Ac  | count l                                   | Holder)  | -  |                                   | -             | Date    |                  |          |            | _             |          |                  |       |                   |        |             |
| Please print name  |   |   |  | -  |                                   |               |         |                  |          |            |               |          |                  |       |                   |        |             |