



+27 031 205 5241



1 ZK Matthews Road,
Glenwood, 4001



glenwood@glenwoodhighschool.co.za



2025 SCHOOL AND BOARDING FEE COMMITMENT FORM
COMPLETE AND RETURN BY 10TH DECEMBER 2024

PAYMENT OPTIONS:

1. Special Discount Annual Payment before 31st January 2025 - (applies to School only NOT Gibson House)
2. Annual Payment before 28th February 2025 – Early Payment discount applies
3. Debit Order – MONTHLY or TERMLY
4. EFT – MONTHLY

FOR ANNUAL PAYMENTS, SEE BANK DETAILS BELOW:

SCHOOL FEES	BOARDING FEES
GLENWOOD HIGH SCHOOL	GIBSON HOUSE HOSTEL ACC
FIRST NATIONAL BANK	ABSA BANK
BRANCH CODE: 220226	BRANCH CODE: 632005
ACC NO: 50710175338	ACC NO: 1028902928
REF: ADMIN NO./SURNAME, INITIAL	REF: ADMIN NO./SURNAME, INITIAL

INDICATE YOUR PAYMENT OPTION BELOW (PLEASE TICK APPROPRIATE BOX):

OPTION	SCHOOL	BOARDING
SPECIAL DISCOUNT ANNUAL PAYMENT (BEFORE 31 JANUARY 2025)		<input type="checkbox"/>
ANNUAL PAYMENT – BEFORE 28 TH FEBRUARY 2025		<input type="checkbox"/>
DEBIT ORDER: TERMLY (FOUR EQUAL PAYMENTS)		<input type="checkbox"/>
DEBIT ORDER: MONTHLY (MONTHLY OVER 11 MONTHS)		<input type="checkbox"/>

VERY IMPORTANT: CAPITAL DEVELOPMENT FUND is not included in any of the above payment methods and must be paid before the start of the school year (refer to the fee notice 2025 for more information).

Please complete this form in full and return to retief@glenwoodhighschool.co.za or BY HAND to the finance office together with:

- a. Completed Debit Order form (if not paying in full for the year)
- b. Proof of Payment for Capital Development Fund payable up front before start of school year (see attached Fee Notice letter for more information)

PUPIL'S DETAILS: SURNAME: _____
FIRST NAMES: _____
GRADE/CLASS: _____

I acknowledge that I am indebted to Glenwood High School for the 2025 School Fees and where applicable the 2025 Boarding Fees. I acknowledge that I am aware that the Capital Development Fund is payable up front before the start of the school year and undertake to pay this before my son starts school in 2025. I also acknowledge that should the School fee not be paid in accordance with the method selected on this form, then the full balance outstanding will become immediately due and payable.

SIGNATURE: FATHER/GUARDIAN

SIGNATURE: MOTHER/GUARDIAN

DATE



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TO ENABLE US TO UPDATE OUR RECORDS, WOULD YOU PLEASE INDICATE THE ADDRESS TO WHICH ACCOUNTS AND CORRESPONDENCE SHOULD BE SENT:

SURNAME: _____ TITLE: _____ INITIALS: _____

POSTAL ADDRESS: _____

CODE: _____

CONTACT DETAILS:

WORK NO: FATHER: _____ MOTHER: _____

CELL NO: FATHER: _____ MOTHER: _____

EMAIL: FATHER: _____ MOTHER: _____

If you have more than one son in the School, please state his/their names:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____