



CK 98 41596/23

**2 Kapokberg Crescent, The Crest, Durbanville, 7550**  
**Tel (021) 975 4831 Fax: (021) 9759228 E-mail: rainbowmont@mweb.co.za**

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FINANCIAL CLEARANCE CERTIFICATE

(To be completed by the School Administration officer of the child's current school)

Dear Sir/Madam,

The pupil named hereunder has applied for admission to Rainbow Montessori School.  
Kindly complete the information below as soon as possible, as it forms part of the application. Please email – rainbowmont@mweb.co.za or Fax 021 975 9228, it directly to the school.

|                                                   |
|---------------------------------------------------|
| Name of Pupil :                                   |
| Name of the person responsible for fee payment :  |
| ID Number of person responsible for fee payment : |
| Annual fees for (Grade) :                         |
| Fees paid to date :                               |
| Fees outstanding :                                |
| Comments:                                         |

This letter certifies that the above person, responsible for the fee payment, has paid the school fees as indicated.

\_\_\_\_\_  
Name of Administration Officer

\_\_\_\_\_  
Signature

School Stamp

\_\_\_\_\_  
Date