

4810 Amampondo Street  
Amberfield City  
Centurion  
012 534 3344

PO Box 4976  
Pretoria  
0001  
www.amberfieldcollege.co.za



**AMBERFIELD**  
COLLEGE

## FEE CLEARANCE CERTIFICATE

**DEBTORS CODE:**

### LEARNER DETAILS

Name and surname:			
Current school:		Current grade:	

### PARENT DETAILS

Full names and surname:			
ID number:		Cell phone number:	

### CURRENT SCHOOL (TO BE COMPLETED BY CURRENT SCHOOL)

Name of school:		Current annual fees:	R
Contact person name:		Fees paid to date:	R
Contact person telephone number:		Outstanding fees:	R
Comments: _____ _____ _____			

This is to verify that the above parent/ guardian has paid school fees as indicated.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL/BURSAR

\_\_\_\_\_  
DATE

SCHOOL STAMP

--

Please email completed document to [info@amberfieldcollege.co.za](mailto:info@amberfieldcollege.co.za)