



Harriston School
PO Box 1544 Harrismith 9880
45 Mauritz Street
Tel: (058) 6232755
E-mail: office@harriston.co.za

CONFIDENTIAL REPORT

Date _____

Name and Surname of pupil _____

Current Grade _____

Name of person responsible for payment of fees _____

Name of School _____

Annual Fees payable for current grade R _____

Amount outstanding (if any) as at above date R _____

School fees are paid by: Debit Order / Stop Order / Cash

Comments regarding payments of school fees _____

Signature

Designation: Head / Bursar

SCHOOL STAMP

(Please return this document to; office@harriston.co.za)