



# St Catherine's School

PRE-SCHOOL / PREPARATORY SCHOOL / SENIOR SCHOOL

*Learning today,  
Leading tomorrow*

P.O. Box 5013, Delmenville, 1403  
Tel: 011 827-4102  
E-mail: headmistress@stcatherines.org.za

31 Piercy Ave, Parkhill Gardens  
Germiston 1401  
Website: [www.stcatherines.org.za](http://www.stcatherines.org.za)

12<sup>th</sup> November 2025

Dear Parents and Guardians

Please take note of the new fee structure overleaf, which will come into effect on 1<sup>st</sup> January 2026. You will note that the fees are scheduled in two categories: Annual fees and Ancillary charges.

The approved budget has been carefully examined by the Senior Management Team, the Finance Committee and the Board of Governors and every effort was made by the school's management team to curtail costs and keep increases to the minimum. We believe that, after a thorough process of review, we have a budget that will meet the school's operational requirements without being too onerous a burden on our parents' pockets.

**Please take note of the following:**

- Full annual payment can be made in advance and a 5% discount on the **FEES AMOUNT ONLY** will be allowed. All advance payments must be made by 31<sup>st</sup> January 2026. No payments after this date will be considered for the discount.
- The first fee payment of 2026 must be effected **BEFORE** 7<sup>th</sup> January 2026. Monthly fees are due by the 7<sup>th</sup> day of each month thereafter. (Payments DO NOT commence at the beginning of February.)
- Grade 000 to Grade 11 fees must be paid in 10 (ten) equal instalments between 1<sup>st</sup> January and 31<sup>st</sup> October 2026.
- Grade 12 fees must be paid in 9 (nine) equal instalments between 1<sup>st</sup> January and 30<sup>th</sup> September 2026.
- All ancillary charges (with the exception of the Grade 12 IEB fees) **MUST** be paid by 31<sup>st</sup> January 2026.
- The Grade 12 IEB fees must be paid **IN FULL** by 31<sup>st</sup> July 2026.
- A cash deposit fee will be levied by the school and charged accordingly to the fee account where appropriate. We encourage parents to pay by EFT or bank card if at all possible.
- A credit card facility is available in the accounts department for the convenience of parents. EFT payments are also welcomed.
- Aftercare: Full aftercare – R1475.00 per month for 11 (eleven) months, January to November.  
Aftercare: Daily – R100.00 per day.  
Prep and Pre-School late charge: R100.00 per day.

Yours faithfully

Mr J. Mashao  
Chairman : Board of Governors

## St Catherine's School

## **FEES SCHEDULE 2026**



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## **SCHOOL FEE PAYMENT AGREEMENT – 2026**

PLEASE CIRCLE AN OPTION BELOW AND RETURN TO SCHOOL NO LATER THAN  
FRIDAY, 21 NOVEMBER 2025.

I, \_\_\_\_\_ PARENT/GUARDIAN OF \_\_\_\_\_

Grade in 2026 \_\_\_\_\_

Grade in 2026 \_\_\_\_\_

Grade in 2026 \_\_\_\_\_

CHOOSE ONE OF THE FOLLOWING OPTIONS (Indicate by circling A, B or C):

A. **ANNUAL FEES**

Full annual fees to be paid on or before 31/01/2026. Fees settled in full before 31 January, 2026 are awarded a 5% discount (on the fee amount ONLY).

B. **DEBIT ORDER**

Fees will be deducted on the 2<sup>nd</sup>/20<sup>th</sup>/26<sup>th</sup> (encircle the correct one) of every succeeding month for a period of 10 months (January - October). Please complete and sign the attached Debit Order Authority Form. A new debit order authority form must be completed every year, even if you are currently on debit order.

C. **MONTHLY**

Direct deposits into school's bank account must be made or effected on or before the 7<sup>th</sup> day of each month over the agreed period. Any cash payments attract a bank charge which will be debited to the relevant fee account.

**NOTE: ALL ancillary charges to be paid IN FULL by 31 January, 2026.**

**Terms and Conditions:**

1. Should payment not be made on the date due as per the aforementioned, the full balance outstanding will immediately become due and payable and the creditor (St Catherine's School) will be entitled, without prejudice to any other remedy the creditor may have against the debtor (Parent / Guardian), to proceed immediately for recovery of the balance and the debtor herewith specifically consents to judgement being taken against itself.
2. The debtor agrees to the jurisdiction of the magistrate's court in terms of Section 45 of Magistrates' Court Act 32 of 1944 for the recovery of any amount due in terms hereof.
3. The debtor agrees that the creditor shall keep an accurate record of the amount still outstanding with the corresponding instalments and dates of payment reflected.
4. For purposes of taking judgement a certificate under hand of the creditor stating the outstanding amount shall suffice as *prima facie* proof of the amount of indebtedness.
5. The debtor will be liable for any and all legal costs, on an attorney and own client basis, incurred by the creditor in enforcing the provisions of this agreement.
6. The debtor agrees that any legal costs will be added to their school accounts.
7. No indulgence, leniency or extension of time which the parties may grant each other, in the event of claims and/or disputes shall in any way whatsoever prejudice either of them, preclude either of them from exercising their rights or constitute a waiver or limitation of any of their respective rights.
8. The signatory hereto acknowledges that by signing this agreement, that they have read and understood the contents thereof and specifically agree to the terms thereof.
9. The signatory hereto warrants that they are duly authorised to sign this agreement and undertakes to hold themselves bound by this agreement and agree to observe the provisions contained therein.

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**PARENT / GUARDIAN (1)**

**FULL NAMES:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT / GUARDIAN (2)**

**FULL NAMES:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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## DEBIT ORDER AUTHORITY FORM - 2026

### **A. Authority**

Given by (name of account holder): \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch and Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (delete that which is not applicable) Current (cheque) / Savings / Transmission

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

To: St Catherine's Dominican Convent

Abbreviated Name: STCATHERIN

Beneficiary's Address: 31 Piercy Avenue, Parkhill Gardens, Germiston 1401

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly / bi-monthly / three monthly / six monthly / annually / weekly / bi-weekly (delete that which is not applicable)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment to be effected on (select ONE): 20<sup>th</sup> / 26<sup>th</sup> / 2<sup>nd</sup> day of the month (delete that which is not applicable)

This will commence on ..... and continue until ..... (no later than 2 November) unless this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days and delivered to your address as indicated above.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

### **B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

### **C. Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

*Please turn over*

**D. Assignment**

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ (Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted By)

**E. Agreement Reference Number**

This Agreement reference number is:

Signature of Parent/Guardian: .....

Pupils:

..... Grade..... (2026) Eldest/only child

..... Grade..... (2026)

..... Grade..... (2026)