



Consent to Credit Check

Learner Name: _____ Date: _____

The parents/guardians/sponsors, detailed below, consent to and authorise Glenoaks School the service provider to:-

- a) contact, request and obtain information at any time from any supplier, service or credit provider (or potential credit provider) or registered credit bureau in order to assess the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor; and
- b) provide information about the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the consumer / debtor to any registered credit bureau or to any supplier, service or credit provider (or potential credit provider) seeking a trade reference regarding the consumer’s/debtor’s dealings with the supplier, service and/or credit provider.

First Parent/Guardian/Sponsor		Second Parent/Guardian/Sponsor	
Full Names		Full Names	
Surname		Surname	
ID-Number		ID-Number	
Physical Address		Physical Address	
Mobile Number		Mobile Number	
Signature		Signature	

Please nominate parent/s responsible for paying the School Fees. If both parents/guardians are responsible, please indicate the percentage applicable.

	Responsible Yes/No	Percentage of Fees Paid
First Parent/Guardian		
Second Parent/Guardian		

Please provide name and contact details of learner’s current school.

Name of School:	
School Contact Details:	