



**DEPENDENCY:
ACKNOWLEDGEMENT**

TAC Claim No:

Child's Name:

Child's Date of Birth:/...../.....

I (**full name**), in my capacity as parent or guardian of (**insert name**) confirm that he/she intends to continue full time studies for (**insert year**) and will be enrolled at (**name of school, university or tertiary institution**) for the academic year (**insert year**). The year level or name of course to be studied is

- I will:
1. Provide the TAC with the full time enrolment letter from the school or other satisfactory documentary proof of enrolment as soon as it becomes available
 2. Immediately notify the TAC if (**full name**) does not take up the enrolment, changes schools or ceases full-time study.

I am aware and acknowledge that if the TAC continues to make payments to me on behalf of (**full name**) and he/she is no longer a full-time student, that I will be required by law to repay the TAC any overpayment that has occurred.

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Signature of Parent or Guardian

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Date

.....
Name of Parent or Guardian (please print)

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Address of Parent or Guardian