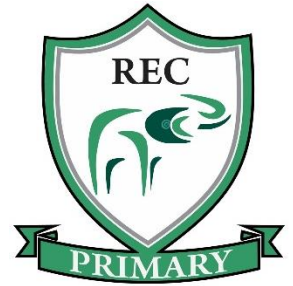


REC SCHOOLS AND ACADEMIES



Tel: 014 013 0491
E-mail: info@rec.co.za
Website: www.rec.co.za



REC REGISTRATION FORM – 2024

Gr. R TO GRADE 7
(R3 000.00 p/m – 11months)
(R1500 registration fee)

For office use:

ADMISSION NO:		ADMISSION DATE:	
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LEARNER DETAILS:

GRADE APPLYING FOR: (Circle choice)	RR	R	1	2	3	4	5	6	7	REPEAT	
DATE OF BIRTH :	YEAR	20				MONTH			DAY		
LEARNER – SURNAME:											
FIRST NAME: (as on birth certificate)											
PREVIOUS SCHOOL ATTENDED:											
DEXTERITY OF LEARNER:	Tick the box	LEFT				RIGHT					
PARENT – SURNAME											
TITLE											
INITIALS											

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION FORM

1. Learner ID size photo x2
2. Learner Birth Certificate/ Birth record/Passport
3. Learner Updated Vaccine Chart
4. Learner's Latest School Report
5. Parent/Guardian (Account holder) Proof of Residence
6. Parent/Guardian (Account holder) Salary advice and reference letter from current employer
7. Self-employed- please supply 3months bank statement or letter from accountant
8. Parent/Guardian (Account holder) Copy of ID Document
9. Copy of medical aid membership certificate or card (proof) (ID of main member if different from account payer)

DOCTOR: NAME		TELEPHONE NR:	
MEDICAL AID:		MEDICAL AID NR:	
ALLERGIES:			
CHRONIC :	(Blood pressure/ADHD/ wear spectacles/have sensory or any other disorder or syndrome- please inform us so we can assist to the best of our ability)		
THERAPY :	(Please add reports from any specialists)		

FAMILY DETAILS:

Number to be used for grade WhatsApp and parent WhatsApp		Country:											
FATHER:	SURNAME:												
	FULL NAMES:												
	I.D. NR:												
	OCCUPATION:												
	CELL NR:												
	EMAIL:												
	Mark with an X – is the father alive?	YES		NO									
WORK ADDRESS:													
EMPLOYER NAME:													
WORK PHONE NUMBER:													
MOTHER:	SURNAME:												
	FULL NAMES:												
	I.D. NR:												
	OCCUPATION:												
	CELL NR:												
	EMAIL:												
	Mark with an X – is the mother alive?	YES		NO									
WORK ADDRESS:													
EMPLOYER NAME:													
WORK PHONE NUMBER:													

CONTACT PERSON IN CASE OF EMERGENCY:

(Not living with family or parents)

NAME:	
SURNAME:	
RELATIONSHIP:	
PHONE NUMBER/S:	
E-MAIL ADDRESS:	

Learner: HOME LANGUAGE		Learner: RELIGION	
-------------------------------	--	--------------------------	--

Learner: COUNTRY OF ORIGIN:	
Foreign students must give evidence of passport and study permit we will issue documents for you to apply.	

SIGNED BY Parent/Guardianon this.....day of.....20.....

.....
SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1.

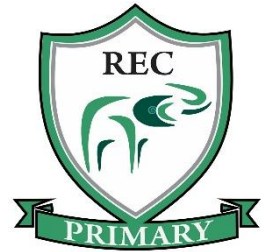
2.



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CONTRACT OF PAYMENT – GRADE R - 7

SCHOOL FEE FOR 2024

Annual fee	R 33 000.00
Registration fee	R 1 500.00 (NOT REFUNDABLE)
Total lump sum payable	R 34 500.00
Monthly: Payable January	R 4 500.00 (R3000.00 plus R1500.00)
February - November	R 3 000.00 (R3000.00 x 10 months)

BANK DEPOSITS TO BE MADE TO:
RUSTENBURG EDUCATIONAL COLLEGE
 Bank details: *ABSA 632 005*
 Account no: *904 794 5690 SAVINGS ACC*
 Fax the deposit slip to: *086 590 6602*
 Or email to finance@rec.co.za

- PAYMENTS PER BANK DEPOSIT/EFT WITH LEARNER INITIAL and SURNAME and GRADE AS REFERENCE NUMBER

ALL FEES ARE PAYABLE STRICTLY BEFORE THE LAST DAY OF EACH MONTH.

PLEASE NOTE THAT SCHOOL FEES ARE SUBJECT TO CHANGE WITH ONE-MONTH NOTICE.

**PLEASE NOTE:
(Parent / Guardian to whom all correspondence and accounts should be sent)**

SURNAME:			
TITLE: Dr/Prof/Mr./Mrs./Miss			
FIRST NAMES:			
HOME ADDRESS:			
POSTAL ADDRESS (If different to home address)			
EMAIL:		CELL NUMBER:	
WORK ADDRESS:			
EMPLOYER:			
EMPLOYMENT NUMBER:			

DECLARATION OF FINANCIAL AGREEMENT

- I consent to the jurisdiction of the Magistrate Court of Rustenburg as the full course of action shall be deemed to have arisen within its area of jurisdiction.
- I declare that I understand the payment regulations as set out.
- I declare that I understand that all fees are subject to change with one month's notice;
- I undertake to give one month's written notice should my child leave the school or/and hostel and that all fees will be paid up to date;
- I acknowledge that I will be responsible for the cancellation fee of R1 500.00 when failing to give notice;
- I undertake to inform the hostel in writing should I change my address;
- **I ACCEPT FULL RESPONSIBILITY FOR ALL FEES AND COSTS CONCERNING MY CHILD'S / WARD'S SCHOOL / BOARDING FEES**
- I declare that I understand that my child will no longer be accommodated at the school or hostel for and fees outstanding as per the financial agreement.
- I understand that the registration fee is not refundable
- I agree to pay all costs on an attorney client scale as well as tracing costs in the event of being handed over for collection.
- **Subsidies / Bursaries / Estates: Parents / Guardians are still liable to pay school fees as per financial agreement, and claims to be done in a private capacity. The school accepts no responsibility regarding arrangement of such.**
- **School and Hostel fees preferably to be paid electronically, cash or debit/credit card at school. No cheques whatsoever will be accepted.**

SIGNED by Parent/Guardian at _____ on this the ___ day of _____ 20 ____

SIGNATURE: _____

AS WITNESSES 1. _____

2. _____

DAILY BOJANALA BUS SERVICE TO AND FROM SCHOOL

Management prefers learners to make use of the bus service:

1. Safety of the learners is of primary importance.
2. Guarantee that learners be on time for school.
3. REC Transport co-ordinator: Mr Phila – 0782351013 / 0763968455

CONSENT TO SEARCH FOR DRUG AND OTHER ILLEGAL SUBSTANCES

I herewith permit the school to do a drug and substance search from time to time. This will be done by the dog unit of the South African Police Service. The purpose thereof is to keep the school drug free and protect all learners against drugs.

SIGNED BY Parent/Guardian aton this.....day
of.....20.....

.....
SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1.

2.

CRITERIA FOR ADMITTANCE: 2024

This criterion must be followed strictly according to the below ages and dates. No exceptions will be made under any circumstances.

IMPORTANT NOTICE: PREREQUISITIONS (please initial at the end of every sentence)

GRADE	WALK IN AGE	"TURNING AGE" 1 JAN – 31 DEC	YEAR OF BIRTH
R	5	6	2018
1	6	7	2017
2	7	8	2016
3	8	9	2015
4	9	10	2014
5	10	11	2013
6	11	12	2012
7	12	13	2011

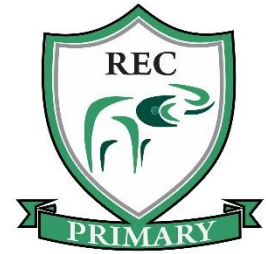
**APPLICANTS THAT DO NOT MEET THE
ABOVE-MENTIONED CRITERIA WILL NOT BE
ADMITTED TO
RUSTENBURG EDUCATIONAL COLLEGE.**

REC SCHOOLS AND ACADEMIES



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INDEMNITY FORM

LETTER OF PERMISSION FOR A LEARNER TO PARTICIPATE IN SPORT AND OTHER EXTRAMURAL ACTIVITIES

**NO LEARNER MAY PARTICIPATE IN ANY ACTIVITY, SCHOOL TRIPS, ETC.
UNLESS THIS FORM IS COMPLETED AND SIGNED**

1. I, _____ [Full name and surname], the parent/guardian of

Grade: _____

[Full name, surname and Grade of learner] hereby give permission for him to participate in the sporting and extra-curricular activities of Rustenburg Educational College ("the School"), and to go on approved School tours and excursions related to such sporting and extra-curricular activities.

2. I hereby indemnify and hold the School, its agents, representatives and educators harmless against any claim or demand arising from the death of or injury to my child or any loss of or damage to property or possessions, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such sporting or extra-curricular activities and/or such tours and excursions.

3. I agree that, if in the opinion of the Principal of the School or his delegated deputy an emergency has arisen and medical treatment be deemed necessary for my child, the Principal of the School or his delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.

4. I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

5. As far as I am aware my child is physically capable of participating in the said sporting or extracurricular activities and he is in good health. However, the persons responsible should please note the following:
[Please state aspects that the teaching staff should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.]

6. The following information is essential in case of medical treatment or hospitalisation :

6.1 Name and address of parent/guardian: _____

6.2 Name of Medical Aid Fund: _____

Membership No: _____

6.3 Name of your Family Doctor: _____

Telephone No. _____

SIGNATURE OF PARENT/GUARDIAN

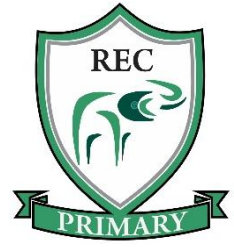
DATE

I.D. NUMBER



REC PRIMARY

Tel.: 014 013 0491
Cell: 063 772 0347
E-mail: primary@rec.co.za
www.rec.co.za








SOCIAL MEDIA CONSENT AND INDEMNITY FORM

This parental consent form is to both inform you and to request permission for your child’s video/photo/image and personally identifiable information to be published on the school’s newsletter, RECCIE, Face-book page, website, or other social media outlets and publications. As you are aware, there are potential dangers associated with the posting of personal information on a website since global access to the Internet does not allow us to control who may access such information. The potential dangers have always existed; however, we do want to celebrate your child and his/her participation and contribution to our school’s celebrations and activities.

Pursuant to law, we will not release any personally identifiable information without prior written consent (P/Admin: 5) from you as parent or guardian.

I, (name in full neatly written in print letters)

_____ /
grant permission to REC PRIMARY for the use of **a) photos/visual** and/or **b) material/videos** of your child (children), mentioned, as part of:

-  a demonstration/display/project/activity that forms part of classroom education;
-  a demonstration project/activity on CD for use during training workshops/sessions, classrooms, advertisements, etc., created by the school;
-  our school’s web pages and social media platforms (such as Facebook and Twitter);
-  video recordings for a programme broadcasted on national television about the school; and/or
-  any printed publication, including, though not restricted to, newspapers, magazines, year-books, (RECCIE) newsletters, flyers, etcetera.

By giving consent, it is understood by me that the school may use school photos and or video material for purposes such as the celebration of achievements and announcements of educational events including exhibits in the school and/or elsewhere.

I furthermore understand that the name of the school associated with these photos and videos and names of adults, as well as children, may be included.

Print name of Child: _____ **Grade:** _____

Print name of Parent/Guardian: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____

Date: _____



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