



REC SCHOOLS AND ACADEMIES

Tel: 014 537 2208
 Tel: 014 013 0031
 Fax: 086 590 6602

E-mail: info@rec.co.za
www.rec.co.za



REC SCHOOL REGISTRATION FORM – 2021 Gr. 4 TO GRADE 12

(R2 700.00 p/m – 11months: NON REFUNDABLE)

LEARNER DETAILS

SURNAME	
CHRISTIAN NAME	
FIRST NAME	
GRADE APPLYING FOR	
PARENT: SURNAME	
TITLE	
INITIALS	
PREVIOUS SCHOOL ATTENDED	

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION FORM

1. Learner ID size photo x2
2. Learner Birth Certificate
3. Learner's Latest School Report (Original)
4. Parent/Guardian (Account holder) Proof of Residence.
5. Parent/Guardian (Account holder) Salary advice and reference letter from current employer.
6. Parent/Guardian (Account holder) Copy of ID Document
7. School readiness report.
8. Copy of medical aid membership certificate or card (proof)

ADMISSION NO		ADMISSION DATE	
GENDER (M/ F)		Number of children in REC School:	
BIRTH DATE		ID NUMBER (Last7)	

DOCTOR: NAME		TELEPHONE NR	
MEDICAL AID		NUMBER	
REMARKS:		ALLERGIES:	



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CONTRACT OF PAYMENT – GRADE 4 - 6

SCHOOL FEE FOR 2021

Annual fee	R 29 700.00
Registration fee	R 2 000.00 (NOT REFUNDABLE)
Total lump sum payable	R 31 700.00

Monthly: Payable January	R 4 700.00 (R2700.00 plus R2000.00)
February - November	R 2 700.00 (R2700.00 x 10 months)

Note:

- PAYMENTS PER BANK DEPOSIT PREFERRED WITH LEARNER NAME/SURNAME AND GRADE ON PAYMENT SLIP
- SWIPE MACHINE AVAILABLE AT OFFICE

ALL FEES ARE PAYABLE STRICTLY IN ADVANCE ON OR BEFORE 7TH OF EACH MONTH.

PLEASE 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)		
PHONE NUMBER & CODE		CELL NUMBER	
WORK ADDRESS:			
EMPLOYER:			

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 and will be responsible for any costs incurred should any of my cheques be returned;
- 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; and that all fees will be paid up to date; and that all text books are returned to the school before a transfer letter will be granted by the school;
- Failing to give notice, I acknowledge that I will be responsible for the cancellation fee of R1500.00;
- I undertake to inform the school in writing should I change my address, or failing to do so, I will be liable for tracing costs;
- I understand that I will be responsible for all fees and costs concerning my child's / ward's school fees.
- I understand that the deposit is not refundable

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

SIGNATURE: _____ WITNESS _____

FAMILY DETAILS:

<p>FATHER: SURNAME</p> <p> FULL NAMES</p> <p> I.D. NR</p> <p> OCCUPATION</p> <p> EMPLOYER</p> <p> WORK ADDRESS</p> <p>Is the father still alive?</p> <table border="1"><tr><td>yes</td><td>no</td></tr></table> <p>Please mark above with X</p>	yes	no	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
yes	no		
<p>WORK PHONE:</p> <p>FAX:</p> <p>CELL:</p> <p>E-MAIL:</p>	<hr/> <hr/> <hr/> <hr/>		
<p>MOTHER: SURNAME</p> <p> FULL NAMES</p> <p> I.D. NR</p> <p> OCCUPATION</p> <p> EMPLOYER</p> <p> WORK ADDRESS</p> <p>Is mother still alive?</p> <table border="1"><tr><td>yes</td><td>no</td></tr></table> <p>Please mark above with X</p>	yes	no	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
yes	no		
<p>WORK PHONE:</p> <p>FAX:</p> <p>CELL:</p> <p>E-MAIL:</p>	<hr/> <hr/> <hr/> <hr/>		

CONTACT PERSON: (Not living with family or parents) RELATION: (To the Learner) PHONE NUMBER / S:	<hr/> <hr/> <hr/> <hr/>
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HOME LANGUAGE		RELIGION	
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COUNTRY OF ORIGIN:	
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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.

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: 2021

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 initialed at the end of every sentence)

1. Subsidies / Bursaries / Estates. Parents / Guardians are still liable to pay school fees in advance, and claims should be done in a private capacity. The school accepts no responsibility regarding arrangement of such.
2. School and Hostel fees must preferably be paid electronically, cash or debit/credit card at school. No cheques whatsoever will be accepted

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



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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



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PLEASE NOTE THAT THIS DOCUMENT MUST BE SIGNED AT SCHOOL ONLY ON THE DAY OF APPLICATION.

AS THIS IS A PRIVATE SCHOOL WITH THE RIGHT OF ADMISSION: THE FOLLOWING ACCURANCES SHALL AUTOMATICALLY LEAD TO EXPULSION FROM THE SCHOOL WITHOUT ANY HEARING, DISCUSSION OR MEETING.

1. **Abuse** – Drug or alcohol use or possession thereof will be immediate expulsion without any hearing
2. **Absenteeism**- should a learner be absent 10 days in succession or be absent more than 20 days during a year, the learner will be deregistered automatically and will have to re-apply for admission on which a committee will sit to decide reacceptance.
3. **Demerits** – the disciplinary system of the school operates on a demerit system.
4. **School/Hostel fees** – should a learner’s account be in arrears for more than 30 (thirty) days the learner will not be allowed on the school premises and will have to pay a re-registration fee again.
5. **Abuse of Property**- should a learner be caught on damaging the property contents of the property the learner will be expelled with immediate effect and the damaged charged to his/her account.
6. **BOARDERS THAT ARE EXPELLED FROM REC HOSTEL WILL AUTOMATICALLY BE EXPELLED FROM SCHOOL. NO EXCEPTIONS WILL BE MADE. LEARNERSignature**

I the parent/guardian ofgrade..... hereby agree to the abovementioned regulations and acknowledge the contents thereof and the consequences it may hold for my child/ward. I agree that should my child/ward be responsible for one of the abovementioned transgressions he/she will be expelled immediately without any hearing, discussion or meetings. I the parent/guardian will abide by the decision taken by the authorities of the school.

.....
PARENT/GUARDIAN

.....
WITNESS

Igrade..... agree and acknowledge to the contents of this letter and understand that I shall be expelled with immediate effect should I be guilty of one or more of the abovementioned transgressions.

.....
LEARNER

.....
WITNESS

THUS DONE AND SIGNED AT OLIFANTSNEK ON THIS THE day of 20....

Grade 4 – 12

