

MOUNTAIN VIEW YOUTH RESIDENCE REC

184 Machol Street
Olifantsnek
RUSTENBURG
Tel: 014 537 2208/
014 013 0031
Fax 086 590 6602



P O Box 6669
RUSTENBURG
0300
Email: info@rec.co.za
Website: www.rec.co.za

HOSTEL NEW / RE-REGISTRATION - 2021 (BOARDING FROM GRADE 3 - 12)

BOARDER DETAILS

SURNAME	
CHRISTIAN NAMES	
FIRST NAME	
GRADE	
PARENT: SURNAME	
TITLE	
INITIALS	
PREVIOUS HOSTEL: (If applicable)	

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION FORM

1. Learner ID size photo x2
2. Learner Birth Certificate/Identity Document if over 16 years of age
3. Parent/Guardian (Account holder) Proof of Residence
4. Parent/Guardian (Account holder) Salary advice and reference letter from current employer
5. Parent/Guardian (Account holder) Copy of ID Document
6. 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)	
NEXT OF KIN		TEL NUMBER	
DOCTOR: NAME		TELEPHONE NR	
MEDICAL AID		NUMBER	
REMARKS		ALLERGIES	

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CONTRACT OF PAYMENT- GR. 3-12 **BANK DEPOSITS MAY BE MADE TO:**

BOARDING FEE 2021:

Annual fee	R 41 800.00
Registration fee	R 1 300.00 (NOT REFUNDABLE)
Total lump sum payable	R 43 100.00
Monthly: Payable January	R 5 100.00 (R3800.00 plus R1300.00)
February - November	R 3 800.00 (R3800.00 x 10 months)

MOUNTAIN VIEW YOUTH HOSTEL

Bank details: ABSA-Bank
Account no: 904 794 5690 SAVINGS ACC
Fax the deposit slip to: 086 590 6602
Or email to: finance@rec.co.za

ALL FEES ARE PAYABLE ON OR BEFORE THE 7TH OF EVERY MONTH.

PLEASE NOTE THAT HOSTEL 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:			
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 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 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 RESPONSIBLE FOR ALL FEES AND COSTS CONCERNING MY CHILD'S / WARD'S BOARDING FEES**
- I declare that I understand that the boarder will no longer be accommodated for an account outstanding longer than 30 days
- **IMPORTANT: SHOULD A BOARDER BE EXPELLED FROM THE BOARDING HE/SHE WILL BE EXPELLED FROM REC SCHOOLS AND ACADEMIES AUTOMATICALLY. NO FURTHER SCHOOLING AT THIS SCHOOL WILL BE ALLOWED AND NO EXCEPTIONS WILL BE MADE.**
- I understand that the deposit is not refundable

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

SIGNATURE: _____

AS WITNESSES: 1. _____ 2. _____

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Please note that boarding includes:

1. Two (2) supervised study sessions daily.
 2. Three (3) nutritionally balanced meals per day.
 3. Weekly laundry.
 4. Twenty Four (24) hour adult supervision.
 5. Twenty Four (24) hour security.
 6. Internet research facilities available.
- Please note that boarders will be attending a compulsory educational day trip during the second term and a financial contribution must be made by parents of approximately R200.00. This will cover the following:
 - Transport
 - Entrance fees
 - Boarders will be provided with lunch prepared by the Hostel kitchen.
 - **IMPORTANT: The attached indemnity form will also serve for this purpose, therefore the form must be properly completed and signed and submitted to the office with required registration documents.**
 - **PLEASE NOTE: PRIMARY SCHOOL BOARDERS MUST GO HOME EVERY WEEKEND**

REQUIREMENTS

All boarders will need to bring with:

1. Own bedding.
2. Appropriate cupboards for clothing are provided in each room but: a small lock-up trunk for valuable must be provided. (Size 23 or 24, available from Bubbles Plastics in Rustenburg)
3. Clothing must be clearly marked.
4. Management will not be responsible for loss of personal belongings such as cell phones, I-pods, pocket money, clothing etc.
5. Boarders should be collected from the hostel every weekend.
6. Management must be informed of all medical conditions and chronic medicine.
7. Medical conditions that are not declared will lead to the expulsion of the boarder.

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" data-bbox="113 645 549 696"> <tr> <td data-bbox="113 645 331 696">Yes</td> <td data-bbox="331 645 549 696">No</td> </tr> </table> <p>Please mark above with an X</p>	Yes	No	<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 the Mother still alive?</p> <table border="1" data-bbox="113 1597 549 1648"> <tr> <td data-bbox="113 1597 331 1648">Yes</td> <td data-bbox="331 1597 549 1648">No</td> </tr> </table> <p>Mark above with an X</p>	Yes	No	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Yes	No		
<p>WORK PHONE:</p> <p>FAX:</p> <p>CELL:</p> <p>EMAIL:</p>	<hr/> <hr/> <hr/> <hr/>		

CONTACT PERSON: (Not living with family or parents)	_____
RELATION:	_____
PHONE NUMBER / S:	_____

HOME LANGUAGE		RELIGION	
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COUNTRY OF ORIGIN:	_____
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CONSENT TO SEARCH FOR DRUG AND OTHER ILLEGAL SUBSTANCES

I herewith permit the hostel 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 hostel drug free and protect all boarders against drugs.

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

.....
SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1.

2.

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ACCOMMODATION INDEMNITY

INDEMNITY FOR ACCOMMODATING A BOARDER AS WELL AS TO PARTICIPATE IN SPORT AND OTHER EXTRAMURAL ACTIVITIES AND SCHOOL AND HOSTEL TOURS	
1.	I, _____ [Full name and surname], the parent/guardian of _____ Grade : _____ [Full name, surname and Grade of boarder] hereby give permission for him to participate in the sporting and extra-curricular activities of Mountain View Residence ("the Hostel"), and to go on approved hostel trips and excursions related to such sporting and extra-curricular activities.
2.	I hereby indemnify and hold the Hostel, 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 Hostel Manager of the Hostel or his delegated deputy an emergency has arisen and medical treatment be deemed necessary for my child, the Hostel Manager of the Hostel 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, <i>e.g.</i> 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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