

RUSTENBURG EDUCATIONAL COLLEGE

PRIVATE SCHOOL



CC 1992/21001/3

For office use:

Registered with the North West Province Department of Education

PO Box 6669

Rustenburg

South Africa

Machol Street, Olifantsnek

Tel: (014) 013 0031/ (014) 537 2208

Fax to Email: 086 590 6602

Email: info@rec.co.za

REC BOARDING REGISTRATION - 2026

(BOARDING FROM GRADE 4 - 12)

ADMISSION NO:		ADMISSION DATE:		NEW / CURRENT	
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BOARDER DETAILS

LEARNER: SURNAME	
FIRST NAME	
NAMES (As on birth certificate)	
GRADE	
GENDER (male / female):	
PARENT: SURNAME	
TITLE	
INITIALS	

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 not older than 3 months.
4. Parent/Guardian (Account holder) Salary advice and reference letter from current employer.
5. Parent/Guardian 3 months bank statements if self-employed.
6. Parent/Guardian (Account holder) Copy of ID Document.
7. Copy of medical aid membership certificate or card (proof) **COMPULSARY FOR HOSTEL LEARNERS**

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

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CONTRACT OF PAYMENT: GR 4-12

BOARDING FEE 2025:

Annual fee	R 49 500.00
Registration fee	R 1 500.00 (NON REFUNDABLE)
Total lump sum payable	R 51 000.00

Monthly: Payable January	R 6 000.00 (R4 500.00 plus R1 500.00)
February - November	R 4 500.00 (R4 500.00 x 10 months)

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

ALL FEES ARE PAYABLE BEFORE THE LAST DAY OF EVERY MONTH. (Initialed: _____)

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)

TITLE:			
SURNAME:			
FIRST NAMES:			
HOME ADDRESS:			
POSTAL ADDRESS (If different to home address)			
EMAIL:			
WORK ADDRESS:		CELL NUMBER:	
EMPLOYER:			
EMPLOYMENT NUMBER:			

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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 RESPONSIBILITY FOR ALL FEES AND COSTS CONCERNING MY CHILD'S / WARD'S BOARDING FEES

I declare that I understand that my child will no longer be accommodated at the hostel for an account 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.

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. Adult supervision.
5. Twenty Four (24) hour security.
6. Internet research facilities available.

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 valuables must be provided. This trunk must fit under the bed of the boarder. No. 24 Trunk with a combination lock can be purchased at 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 on long weekends and holidays.
6. All primary school boarders have to be collected every last weekend of the month.
7. All learners, Primary and Secondary, must be collected for School Holidays.
8. **Management must be informed and provided with proof of all medical conditions and chronic medicine prior to acceptance.**

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FAMILY DETAILS:

<u>FATHER:</u>	IS THE FATHER STILL ALIVE	
	SURNAME	
	FULL NAMES	
	ID NUMBER	
	OCCUPATION	
	CELL NR	
	EMAIL	
	HOME ADDRESS	
<u>EMPLOYMENT</u>	EMPLOYER	
	WORK NR	
	WORK ADDRESS	

<u>MOTHER</u>	IS THE MOTHER STILL ALIVE	
	SURNAME	
	FULL NAMES	
	ID NUMBER	
	OCCUPATION	
	CELL NR	
	EMAIL	
	HOME ADDRESS	

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EMPLOYMENT	EMPLOYER	
	WORK NR	
	WORK ADDRESS	

EMERGENCY CONTACT PERSON – NEXT OF KIN

RELATION TO LEARNER	
NAME AND SURNAME	
CONTACT NUMBER	

LEARNER HOME LANGUAGE	
LEARNER RELIGION	
LEARNER COUNTRY OF ORIGIN	
PASSPORT NR AND EXPIRY DATE	
PERMIT NR AND EXPIRY DATE	

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

.....

SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1.

2.

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BOARDING ACCOMMODATION INDEMNITY

INDEMNITY FOR ACCOMMODATING A BOARDER AS WELL AS TO PARTICIPATE IN SPORT AND OTHER EXTRAMURAL ACTIVITIES AND SCHOOL AND HOSTEL TOURS

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

Grade: _____

[Full name, surname and Grade of boarder] hereby give permission for my child to participate in the sporting and extra-curricular activities of REC Boarding School ("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 my child is in good health. However, the persons responsible should please note the following:**

[Please state aspects that the 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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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. **Pregnancy** – Should any learner in what grade whatsoever, fall pregnant during the academic year, this learner will be expelled immediately from school. No arrangement will be made, discussions held or meetings arranged concerning this matter.
2. **Abuse** – Drug or alcohol use or possession thereof will be immediate expulsion without any hearing
3. **Minimum Average 60%** - Maintaining a minimum of 60% in all subjects. Should a learner not comply with this he/she will forfeit his/her place in the boarding.
4. **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.
5. **Winter school and Saturday classes**- winter school and Saturday classes are **compulsory**.
6. **School/Hostel fees** – should the fees not be paid as per the contract of payment the learner will not be allowed on the school premises.
7. **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.
8. **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 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

I (learner name & surname)grade..... 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 day of 20.....

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REC SCHOOLS AND ACADEMIES

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, Facebook 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 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, (parent/guardian name in full neatly written in print letters)

_____, grant permission to REC School for the use of photos/visual 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, yearbooks, newsletters, flyers, etcetera.

By giving consent, I understand 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.

Date:

Name of Learner:

Name of Parent/Guardian:

Learner Signature

Parent Signature