RUSTENBURG EDUCATIONAL COLLEGE

PRIVATE SCHOOL

Registered with the North West Province Department of Education

CC 1992/21001/3

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

SECONDARY REGISTRATION FORM – 2026
GRADE 8 TO GRADE 12
(R3 500.00 p/m – 11 months)

For office use:

ADMISSION NO		**ADMISSION DATE**		**HOSTEL**	

LEARNER DETAILS:

LEARNER – SURNAME					
NAME:					
PREVIOUS SCHOOL ATTENDED:					
GRADE (IN 2026) APPLYING FOR					
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. **School report cards – 2024 full year and 2025 to date – 2025 full year at the end of the year**
4. **Parent/Guardian (Account holder) Proof of Residence, no older than 3 months**
5. **Parent/Guardian (Account holder) Salary advice and reference letter from current employer**
6. **Self-employed- please supply 3months bank statement or letter from accountant**
7. **Parent/Guardian (Account holder) Copy of ID Document**
8. **Copy of medical aid membership certificate or card (proof) (ID of main member if different from account payer) COMPULSARY FOR HOSTEL LEARNERS.**

MEDICAL AID:		MEDICAL AID NR:	
DOCTOR NAME:		DOCTOR NR:	
ALLERGIES:			
CHRONIC:	(Blood pressure/ADHD/wear spectacles/sensory issues/any disorders)		
TREATMENT:			
PLEASE ATTACH DOCTORS REPORT			

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NUMBER TO BE USED FOR GRADE WHATSAPP WITH TEACHER	COUNTRY										

FAMILY DETAILS:

FATHER:	IS THE FATHER STILL ALIVE	
	SURNAME	
	FULL NAMES	
	ID NUMBER	
	OCCUPATION	
	CELL NR	
	EMAIL	
	HOME ADDRESS	
EMPLOYMENT	EMPLOYER	
	WORK NR	
	WORK ADDRESS	
MOTHER	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/Guardian .....on this.....day of.....20.....

.....

SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1. .....

2. .....

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CONTRACT OF PAYMENT: GRADE 8 – GRADE 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 RESPONSIBLE 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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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 at .....on this.....day of.....20.....

.....
SIGNATURE: PARENT / GUARDIAN

WITNESSES:

1. .....

2. .....

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INDEMNITY FORM

LETTER OF PERMISSION FOR A LEARNER TO PARTICIPATE IN SPORT AND ALL 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. _____

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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, class-rooms, 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: _____