

# RUSTENBURG EDUCATIONAL COLLEGE

## PRIVATE SCHOOL



CC 1992/21001/3

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

### PRIMARY REGISTRATION FORM – 2027

#### GRADE R TO GRADE 7

(Grade R - R2 500.00 / Grade 1 to Grade 7 - R3 500.00 p/m – 11 months)

(R1500 registration fee)

For office use:

ADMISSION NO		ADMISSION DATE		HOSTEL	
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#### LEARNER DETAILS:

GRADE APPLYING FOR: (Circle)	RR	R	1	2	3	4	5	6	7	REPEAT	
SURNAME:											
NAME:											
DATE OF BIRTH :	YEAR	20			MONTH			DAY			
PREVIOUS SCHOOL ATTENDED:											
DEXTERITY OF LEARNER:	Tick the box		LEFT			RIGHT					

#### PLEASE ATTACH THE FOLLOWING TO THE APPLICATION FORM

1. Learner ID size photo x2 (Front face photo).
2. Learner Birth Certificate/ Birth record.
3. Foreign Learners – Valid Passport + Valid Study Permit.
4. Learner Updated Vaccine Chart.
5. School report cards – **2024+2025 full year (All terms) and 2026 to date.**
6. Parent/Guardian (Account holder) Proof of Residence, not older than 3 months
7. Parent/Guardian (Account holder) 3 Months' pay slips.
8. Self-employed- please supply 3 months' bank statement.
9. Both Parent/Guardian - Copy of ID or Passport.
10. Copy of medical aid membership certificate or card. **COMPULSORY FOR HOSTEL LEARNERS.**

#### LEARNER MEDICAL AID DETAILS:

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 IF THE LEARNER HAS A SPECIFIC CONDITION			

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NUMBER TO BE USED FOR GRADE	COUNTRY																		
WHATSAPP WITH TEACHER																			

**FAMILY DETAILS: PLEASE COMPLETE IN FULL**

<b>FATHER:</b>	ALIVE / DECEASED	
LEARNER LIVING WITH	SURNAME	
	FULL NAMES	
	ID NUMBER	
	OCCUPATION	
	CELL NR	
	EMAIL	
	HOME ADDRESS	
<b>EMPLOYMENT</b>	EMPLOYER	
	WORK NR	
	WORK ADDRESS	
<b>MOTHER</b>	ALIVE / DECEASED	
LEARNER LIVING WITH	SURNAME	
	FULL NAMES	
	ID NUMBER	
	OCCUPATION	
	CELL NR	
	EMAIL	
	HOME ADDRESS	
<b>EMPLOYMENT</b>	EMPLOYER	
	WORK NR	
	WORK ADDRESS	

**ARE PARENTS** – Married  Divorced  Separated  Never Married  Single

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### EMERGENCY CONTACT PERSON – NEXT OF KIN

**Someone who does not live with the learner and not a Parent or Guardian.**

RELATION TO LEARNER	
NAME AND SURNAME	
CONTACT NUMBER	
HOME ADDRESS	

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

### PERSONS WHO ARE ALLOWED TO COLLECT THE LEARNER FROM SCHOOL, OTHER THAN THE PARENTS / GUARDIANS:

<u>NAME AND SURNAME</u>	<u>RELATION</u>	<u>CONTACT NUMBER</u>
1.		
2.		
3.		

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

.....

**SIGNATURE: PARENT / GUARDIAN**

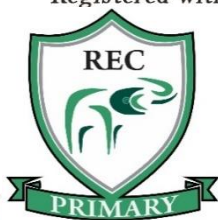
**WITNESSES:**

1. ....

2. ....

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### CONTRACT OF PAYMENT: GRADE R – GRADE 7

#### SCHOOL FEES 2027:

#### REFER TO ATTACHED FEE STRUCTURE LETTER

Payable January	R 5 000.00 (R3 500.00 plus R1 500.00) / <u>Grade R - R 4 000.00</u>
Monthly fee	R 3 500.00 / <u>Grade R - R 2 500.00</u>
Registration fee	R 1 500.00 (NON REFUNDABLE, ONLY ONCE ACCEPTED)
Annual fee	R 38 500.00 (R3 500 x 11 Months) / <u>Grade R – R 27 500.00</u>
Total lump sum payable	R 40 000.00 (for the school year) / <u>Grade R – R 29 000.00</u>

#### 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. (INITIAL: \_\_\_\_\_)

#### FULL DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES AND ADDITIONAL CHARGES:

TITLE:			
SURNAME:			
FIRST NAMES:			
CONTACT NUMBERS:			
HOME ADDRESS:			
POSTAL ADDRESS:			
EMAIL:			
EMPLOYER:			
WORK CONTACT NUMBER:			
WORK ADDRESS:		POSITION:	

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### **CRITERIA FOR ADMITTANCE: 2027**

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

<b><u>GRADE</u></b>	<b><u>WALK IN AGE</u></b>	<b><u>"TURNING AGE" 1 JAN-31 DEC 2027</u></b>	<b><u>YEAR OF BIRTH</u></b>
R	5	6	2021
1	6	7	2020
2	7	8	2019
3	8	9	2018
4	9	10	2017
5	10	11	2016
6	11	12	2015
7	12	13	2014

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

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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 debit orders/EFT's 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;

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 school in writing should I change my address;

**I ACCEPT FULL RESPONSIBILITY FOR ALL FEES AND COSTS CONCERNING MY CHILD'S SCHOOL FEES.**

I declare that I understand that my child will no longer be in class 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 DRUGS AND OTHER ILLEGAL SUBSTANCES / DRUG AND ALCOHOL TESTING.

I herewith permit the school to do a drug and substance search and/or tests from time to time. 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**

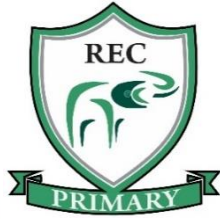
1. I, \_\_\_\_\_ [Full name and surname], the parent/guardian of \_\_\_\_\_ (Learner full name and surname) in Grade: \_\_\_\_\_ hereby give permission for him/her to participate in the sporting and extra-curricular activities of Rustenburg Educational College ("the School"), and to go on approved School 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/her delegated deputy an emergency has arisen and medical treatment be deemed necessary for my child, the Principal of the School or his/her 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/she 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 personal identifiable information to be published in 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 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 broadcast 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:** \_\_\_\_\_