

ACADEMY OF EXCELLENCE

Office

PRIMARY SCHOOL

Finance

Linquinda, Raceway Park

Bloemfontein 9301

Contact Details

Ms Lizelle van Zyl

Contact Number: 081 748 2976 / 081 586 7180

E-Mail: vanzyl@academyofexcellence.co.za



C/O Dr Belcher and Lovedale Street

Batho, Bloemfontein 9301

Contact Details

Ms Anna Lebajoa

Contact Number: 072 602 4271

E-Mail: lebajoa@academyofexcellence.co.za

Accredited by UMALUSI, Council for Quality Assurance in General and Further Education and Training – accreditation number: 18 SCH01 00482

Re-Registration 2021 for 2022

IMPORTANT: Please complete ALL documents.

LEARNER INFORMATION

Applying for Grade _____ in 2022

Full Names & Surname: _____

Date of Birth: _____ ID number: _____

Home Language: _____

Physical Address: _____

MEDICAL INFORMATION

Medical Aid Name: _____ Medical Aid Number: _____

Medical Aid Main Member: _____

Doctor's Name & Surname: _____

Contact Number: _____

Doctor's Address: _____

Medical Conditions: _____

PLEASE INDICATE CLEARLY (A OR B)

OPTION A

Above mentioned learner will attend Academy of Excellence in 2022

Parent/Guardian's Name & Surname _____ Signature _____

OPTION B

Above mentioned learner **will not** attend Academy of Excellence in 2022

Undersigned accept that if this option is chosen, I'll need to arrange with office to keep space in 2022. Attach proof from the school where learner will attend in 2022.

Parent/Guardian's Name & Surname _____ Signature _____

If above mentioned option (A or B) changes, please inform the office immediately.

PARENT / GUARDIAN 1 INFORMATION

Name & Surname: _____

Relationship to learner: _____ Marital Status: _____

Cell phone Number: _____

Occupation: _____ Company _____

Work Telephone Number: _____ E-Mail: _____

Work Address: _____

PARENT / GUARDIAN 2 INFORMATION

Name & Surname: _____

Relationship to learner: _____ Marital Status: _____

Cell phone Number: _____

Occupation: _____ Company _____

Work Telephone Number: _____ E-Mail: _____

Work Address: _____

EMERGENCY CONTACT PERSON:

FAMILY / FRIEND'S DETAILS: not the same as above mentioned parents / guardian!

Name & Surname: _____

Relationship to learner: _____ Marital Status: _____

Cell phone Number: _____

Occupation: _____ Company _____

Work Telephone Number: _____ E-Mail: _____

Work Address: _____

RETURN THE FOLLOWING DOCUMENTS WITH RE-REGISTRATION FORM:

*** Finance form, copy of ID**

***Proof of address**

*** Instalment agreement, copy of ID of the payee**

*** Three months bank statements and three months salary advise**

*** ID photo of Learner**

School fee structure for 2022 can be kept for future reference