ACADEMY OF EXCELLENCE PRIMARY

RE-REGISTRATION 2024

Linquinda, Raceway Park, Bloemfontein, Tel: 051 01 052 04,

E-mail: office@academyofexcellence.co.za,

Visit our website: www.academyofexcellence.co.za or Follow us on INSTAGRAM Page: aoef_school or

Facebook - Academy of Excellence Primary School

ACCREDITED BY UMALUSI, COUNCIL FOR QUALITY ASSURANCE IN GENERAL AND FURTHER EDUCATION AND TRAINING – ACCREDITATION NUMBER: 18 SCH01 00482

DOCUMENTS NEEDED FOR RE-REGISTRATION	1												
□ Instalment Agreement,	Му	Chile	lliw b	be ı	retur	ning	to AC	E in	202	24	YES	N	Оп
□ Payor Information	If N	lO, p	lease	giv	e a r	easc	n:						
□ POPI Document (At the back)	If N	IO, c	ompl	ete a	a car	ncela	tion f	orm.					
FOR OFFICE USE ONLY:													
Signature: Finance checked (Behind on payments or not)													
Signature: DH checked academics (Might repeat)													
Signature: Register Teacher checked discipline (Demerits)													
Signature: Principal checked													
LEARNER DETAILS:													
Surname													
Full names (as on birth certificate)													
ID- /Passport Number													
Grade in 2024												-	
Gender	Ма	le						Fe	male	Э			
Siblings in Academy	NO			,	YES			Gra	ade:				
LEARNER'S MEDICAL DETAILS													
Medical Aid Name, and Option													
Medical Aid Number													
Medical Aid Main Member													
Hereby, I	give c	onse	nt, th	at ir	n cas	e of	emer	gend	у, а	med	dical		
practitioner/employee may provide emergency treatment as	nece	essar	y. Si	gnat	ure:				_				
	<u> </u>												
PARENT / GUARDIAN 1 DETAILS													
Full Name/s & Surname													
ID / Passport nr													
Date of birth													
Relationship to the learner (Mother/Father/Grandparent)													
											_		

Do you reside with t														
Residential address	3													
Marital status														
Occupation														
Employer														
Work address														
Work number														
Cell phone number														
Email address					•		•	•				•	•	
Are you the accoun	t payer?		Yes						No)				
PARENT/ GUAR		AILS												
Full Name/s & Surn	ame			1		1 1	1							
ID- / Passport Num	nber													
Date of birth														
Relationship to the														
Do you reside with t	Yes	Yes No												
Residential Address														
Marital status														
Occupation														
Employer														
Work Address														
Work number														
Cell phone number														
Email address														
Are you the accoun	Yes	Yes No												
SCHOOL FEES 2024														
Re-Registration fee for existing students per year: R 175 (NON-REFUNDABLE)														
Grade RR – 6 Maintenance Levy: R 350 per year. Payable by 31 st of January 2024														
SCHOOLFES 2024	1/	12 (Twelve) monthly Maintenance Levy												
Grade	Annual Fee (Parvear)	Annual Fee (-10% before1st of	12		ave) r tallm		ιy							-
	(Peryear)	January 2024)	(Befor				mntl	n)	rď	-	le be nuar			u
Grade RR - 3	R 14 040	R 12 636			1117		INI	7	F		50 p	•		r

Grade 4 - 6	R 15 600	R 14 040	R 1300	R 350 per year
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ACADEMY OF EXCELLENCE PRIMARY SCHOOL

PROTECTION OF PERSONAL INFORMATION POLICY (POPIA)

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PROTECTION OF PERSONAL INFORMATION

BY SIGNING THIS FORM, AND UNLESS YOU AT ANY TIME INSTRUCT THE SCHOOL EXPRESSLY AND IN WRITING TO THE CONTRARY, YOUR CONSENT IS GIVEN TO THE SCHOOL TO:

- COLLECT, STORE, AND PROCESS CREDIT INFORMATION;
- COLLECT, STORE AND PROCESS NAMES, CONTACT DETAILS, AND INFORMATION RELATING
 TO YOURSELF AND YOUR CHILD, AND TO SUCH INFORMATION BEING MADE AVAILABLE TO
 STAFF OR RESPONSIBLE PERSONS ENGAGED OR AUTHORISED BY THE SCHOOL FOR
 SCHOOL-RELATED PURPOSES TO THE EXTENT REQUIRED FOR THE PURPOSE OF
 MANAGING RELATIONSHIPS BETWEEN THE SCHOOL, PARENTS/GUARDIANS, AND CURRENT
 LEARNERS AS WELL AS PROVIDING REFERENCES AND COMMUNICATING WITH THE BODY
 OF FORMER LEARNERS;
- INCLUDE PHOTOGRAPHS, WITH OR WITHOUT NAME, OF YOUR CHILD IN SCHOOL PUBLICATIONS, ON THE SCHOOL'S WEBSITE, OR IN PRESS RELEASES TO CELEBRATE THE SCHOOL'S OR YOUR CHILD'S ACTIVITIES, ACHIEVEMENTS, OR SUCCESSES:
- SUPPLY INFORMATION AND A REFERENCE IN RESPECT OF YOUR CHILD TO ANY EDUCATIONAL INSTITUTION THAT YOU PROPOSE YOUR CHILD MAY ATTEND. WE WILL TAKE CARE TO ENSURE THAT ALL INFORMATION THAT IS SUPPLIED RELATING TO YOUR CHILD IS ACCURATE AND ANY OPINION GIVEN ON HIS ABILITY, APTITUDE, AND CHARACTER IS FAIR.
- THE SCHOOL CANNOTBE LIABLE FOR ANY LOSS YOU OR YOUR CHILD IS ALLEGED TO HAVE SUFFERED RESULTING FROM OPINIONS REASONABLY GIVEN, OR CORRECT STATEMENTS OF FACT CONTAINED, IN ANY REFERENCE OR REPORT GIVEN BY US INCLUDING INFORMING ANY OTHER SCHOOL OR EDUCATIONAL INSTITUTION TO WHICH YOU PROPOSE TO SEND YOUR CHILD OF ANY OUTSTANDING FEES.
- THE SCHOOL MAY NOT DISTRIBUTE, OR OTHERWISE PUBLISH ANY OF YOUR PERSONAL INFORMATION IN ITS POSSESSION, UNLESS YOU GIVE YOUR CONSENT, IN WRITING, TO THE SCHOOL THAT IT MAY DO SO. SHOULD THIS BE THE CASE, THE SCHOOL MAY ONLY DISTRIBUTE OR OTHERWISE PUBLISH THE INFORMATION SPECIFIED IN YOUR CONSENT TO THE PEOPLE AND FOR THE PURPOSE STATED IN YOUR WRITTEN CONSENT.

Name and Surname of Parent/Guardian:	
ID Number:	
Signature:	Date: