



**ACADEMY OF EXCELLENCE
REWRITE CENTRE 2024**



EMAIL: rewrite@edulifegroup.co.za CELL: 078 404 1038

EMAIL: rewrite@academyofexcellence.co.za CELL: 063 884 5207

STUDENT INFORMATION

| | | | |
|----------------------------|---|------------------------------------|--|
| Full names of student | | ID NUMBER | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth Y Y Y Y / M M / D |
| Previous School Attended | | Special needs | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Examination | May / June <input type="checkbox"/> | Oct / Nov <input type="checkbox"/> | Enrolment Date |
| Home Address | | | |
| Home Tel: | Student mobile: | WhatsApp No: | |
| Documents Required: | <input type="checkbox"/> ID PHOTO <input type="checkbox"/> COPY OF STATEMENT OF RESULTS <input type="checkbox"/> COPY OF LEARNER'S ID <input type="checkbox"/> NSC/SC ENTRY FORM | | |

PARENT / GUARDIAN INFORMATION (FULL NAMES)

| | |
|-------------------|-------------------|
| Father's Name: | Mother's Name: |
| Father's Cell No: | Mother's Cell No: |

FEE STRUCTURE

Registration fee is payable upfront upon enrolment off R330.00 per subject

| Subject Registration | Once-Off Reg fee |
|--|----------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Afrikaans First Additional | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Business Studies | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Economics | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> English Home Language | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> English First Additional Language | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Geography | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> History | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Life Sciences | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Mathematical Literacy | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Physical Sciences | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> R330.00 |
| <input type="checkbox"/> Other subjects | <input type="checkbox"/> R330.00 |

| | | |
|--------------------|---|----------------------|
| TOTALS FEES | R | Please initial _____ |
|--------------------|---|----------------------|

I hereby confirm that I have checked and confirmed the subjects selected above and the amounts owing upon registration

Please initial _____



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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 for 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;
- Supply information and a reference in respect of your child to any educational institution which 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 that any opinion given on his ability, and character is fair.
- The school cannot be 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 references 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.

NOTICE AND UNDERTAKING BY APPLICANT

I, the undersigned, undertake the following:

To submit to the rules and the disciplinary code of Academy of Excellence Rewrite Centre, The information submitted by me is correct and justified.

Please initial _____

CHECK LIST OF APPLICATION: (FOR OFFICE USE ONLY)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ID photo | <input type="checkbox"/> Statement of Results | <input type="checkbox"/> Copy of student ID | <input type="checkbox"/> Copy of Account Holder ID |
| <input type="checkbox"/> Subjects filled in | <input type="checkbox"/> May/June Exam | <input type="checkbox"/> Department form | <input type="checkbox"/> Oct/Nov Exam |

FULL NAMES AND SURNAME OF CANDIDATE

DATE

SIGNATURE

PARENT/GUARDIAN SIGNATURE