



**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"/> COPY OF ACCOUNT HOLDER ID <input type="checkbox"/> NSC/SC ENTRY FORM <input type="checkbox"/> BANK STATEMENT					
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	Monthly Class fee per subject	Stationery fee	New SBA Mark	New subject	
<input type="checkbox"/> Accounting	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Afrikaans First Additional	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Business Studies	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Economics	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Mathematics	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 450.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> English Home Language	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 450.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> English First Additional Language	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Geography	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> History	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Life Sciences	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 450.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Mathematical Literacy	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 450.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Physical Sciences	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 450.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Tourism	<input type="checkbox"/> R330.00	<input type="checkbox"/> R 430.00	<input type="checkbox"/> R 250.00	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Other subjects	<input type="checkbox"/> R330.00					
TOTALS FEES	R	R		Please initial _____		
I hereby confirm that I have checked and confirmed the subjects selected above and the amounts owing upon registration and monthly fees payable upfront in advance before attending class.				Please initial _____		



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PLEASE ENSURE THAT THIS FORM IS COMPLETED CORRECTLY. IF THERE ARE ANY CHANGES, PLEASE NOTIFY THE FINANCE OFFICE IMMEDIATELY. KEEP IN MIND THAT ONCE YOU HAVE BOOKED CLASSES, YOU ARE RESPONSIBLE FOR PAYMENT UNTIL A CANCELLATION FORM (ONE CALENDAR MONTH) HAS BEEN COMPLETED.

The 1st payment is payable no later than the 1st of the month in which you are starting with classes. I have familiarized myself with the contents of the school's financial policy and agree to accept the consequences of non-compliance. The account holder will be handed over for collection and the account holder will be held responsible for the payment of all interest, collection fees, and legal fees on attorney and client scale. Note that non-attendance does not constitute non-payment of fees.

Payment Method	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> TERMLY	<input type="checkbox"/> SEMESTER	<input type="checkbox"/> YEARLY
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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;
- Include photographs, with or without the 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 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.

Please initial _____

<p>NOTICE AND UNDERTAKING BY APPLICANT</p> <p>I, the undersigned, undertake the following: To submit to the rules and the disciplinary code of Academy of Excellence Rewrite Centre, to pay the tuition fees (class fees) for the course for which I have enrolled by the 1st of every month for that specific month I undertake to pay ALL fees before the commencement of the National Examination that I have enrolled for and accept that I shall not be entitled to a refund of any fees paid by me or to remission of fees due by me. The information submitted by me is correct and justified.</p>	<div style="border: 1px solid black; padding: 5px;">Please initial _____</div>
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PERSON RESPONSIBLE FOR ACCOUNT			
Account Holders Full Name		ID/Passport No.	
Account Holders Email		Account Holders Cell No:	
Name of Employer		Work Tel:	
Signature	_____		

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"/> Proof of Residence
<input type="checkbox"/> Proof of Registration payment Statement	<input type="checkbox"/> Oct/Nov Exam	<input type="checkbox"/> Proof of Class Fees	<input type="checkbox"/> Account Holder Bank