ACADEMY OF EXCELLENCE SECONDARY
RE-REGISTRATION 2025

Linquinda, Raceway Park, Bloemfontein, Tel: 051 492 3489, 051 492 3493
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Visit our website: www.academyofexcellence.co.za or
Follow us on Facebook - Academy of Excellence Secondary School
School EMIS Nr: 440304273

FOR OFFICE USE ONLY:				
Finance checked (Behind on payments or not)	YES □	NO □	Date:	Signature:
DH checked academics (Might repeat or not)	YES □	NO □	Date:	Signature:
Register Teacher checked discipline (Demerits)	YES □	NO □	Date:	Signature:
The Deputy Principal/Principal checked	Date:			Signature:
Not – accepted / Accepted / Waiting list	Reason:			
Date informed:	Informed by:			

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

DOCUMENTS NEEDED FOR RE-REGISTRATION (CLOSING DATE 29TH OF AUGUST)

□ Instalment Agreement □ Payor Information □ POPI Document □ Proof of re-registration payment

NB! IF THIS REREGISTRATION IS NOT COMPLETED AND RETURNED BY THE 29TH OF AUGUST 2024, YOUR CHILD WILL BE PLACED ON A WAITING LIST FOR 2025.

My Child will be returning to AOE in 2025 **YES** □ **NO** □ (Mark with an X)

If no, complete a cancelation form if your child is not returning, otherwise billing will continue. Form available at the office or ask your child's register teacher.

LEARNER DETAILS:		
Surname		
Full names (as on birth certificate)		
ID- /Passport Number		
Grade in 2025		
Gender	Male	Female
Siblings in Academy	NO □ YES □	Grade:

LEARNER'S MEDICAL DETAILS (IF NO MEDICAL AID JUST WRITE N/A)	
Medical Aid Name, and Option & Number	
Medical Aid Main Member	
Doctor's Name and Surname	
Doctor's Telephone Number	
Doctor's Physical Address	
Hereby, I _____ being the parent/legal guardian of _____ give consent, that in case of emergency, a medical practitioner/employee may provide emergency treatment as necessary. Signature of parent / legal guardian: _____	

PARENT / GUARDIAN 1 DETAILS	
Full Name/s & Surname	
ID / Passport Number	
Date of birth	
Relationship to the learner (Mother/Father/Grandparent)	
Do you reside with the learner?	Yes □ No □
Residential address	
Marital status	
Occupation	
Employer	
Work address	
Work number	
Cell phone number	
Email address	
Are you the account payer?	Yes □ No □

PARENT/ GUARDIAN 2 DETAILS	
Full Name/s & Surname	
ID- / Passport Number	
Date of birth	
Relationship to the learner (Mother/Father/Grandparent)	
Do you reside with the learner?	Yes □ No □
Residential Address	
Marital status	
Occupation	
Employer	
Work Address	
Work number	
Cell phone number	
Email address	
Are you the account payer?	Yes □ No □

SCHOOL FEES 2025				
Grade	Annual Fee (Per year)	Total Annual Fee (-10% before 1st of January 2025) Maintenance & Application fees must be paid in full	12 (Twelve) monthly instalments (Before the 1st of each month)	Maintenance Levy Payable before 31st of January 2025
Grade 8 – 9	R 19 440	R18 341	R 1 620	R 660 per year
Grade 10 - 11	R 24 000	R22 445	R2 000	R 660 per year
Grade 12	R26 180	R24 407	R2 380 (11 months)	R 660 per year
Re-Registration fee for **existing** students per year: **R 185 (NON-REFUNDABLE)**				
Grade 8 – 12 Maintenance Levy: **R 660 (NON-REFUNDABLE)** per year. Payable by 31st of January 2025				

ACADEMY OF EXCELLENCE SECONDARY SCHOOL

PROTECTION OF PERSONAL INFORMATION POLICY (POPIA)

PARENTAL CONSENT FORM

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 ASPROVIDING 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: _____