



# MOKOPANE MATRIC RE-WRITE CENTRE

61 BRAHMAN STREET, MOKOPANE, LIMPOPO | TEL: 015 004 2806 | CELL: 066 220 4507  
 PO BOX 1824, MOKOPANE, 0600 | FAX: 086 718 4261 | E-MAIL: mmrewrite@gmail.com

**BANKING DETAILS: NEDBANK (Cheque), Branch: Mokopane, Acc No: 1064887090, Reference: Student Surname and Full Names**

## APPLICATION FOR ADMISSION

### 1. Student Details

Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Preferred Name: (Must Appear on your ID) \_\_\_\_\_

ID Number: \_\_\_\_\_ Gender:  Male  Female

Cell No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Home Language: \_\_\_\_\_

Race:  Asian  Africa  Coloured  Indian  White

T-Shirt Size:  XS  S  M  L  XL  XXL  XXXL

Last School Attended: \_\_\_\_\_ Year: \_\_\_\_\_

Any Sicknesses? (If any please explain): \_\_\_\_\_

Examination Number: (On your statement of the last time you sat as a full time matric student) \_\_\_\_\_

How did you know about MMR?  Facebook  Poster in a Taxi  MMR Visited your Previous School

MMR Staff Member  Previous MMR Student  Other (Specify) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID PHOTO

Year applied for:

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OFFICE USE ONLY

### 2. In case of an emergency who should the centre contact? (In case the person in Section 8 / 9 is not available)

Name & Surname: \_\_\_\_\_ ID Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ (Specify) \_\_\_\_\_ Cell No: \_\_\_\_\_

### 3. Programmes

Amended (May / June Examinations) – 6 Months Contract. (January – June) R \_\_\_\_\_ p/annum.

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of May in order to receive your final examination time table)

Supplementary (May / June Examinations) – 6 Months Contract. (January – June) R \_\_\_\_\_ p/annum.

(NOTE: Admission for supplementary does not mean you will be registered for the Oct / Nov examinations if not selected.)

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of May in order to receive your final examination time table)

MEO (May / June Examinations) – 6 Months Contract. (January – June) R \_\_\_\_\_ p/annum.

(NOTE: Admission for MEO does not mean you will be registered for the Oct / Nov examinations if not selected.)

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of May in order to receive your final examination time table)

Repeat / Upgrade (Oct / Nov Examinations) – 11 Months Contract. (January – November) R \_\_\_\_\_ p/annum.

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of October in order to receive your final examination time table)

Account Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Fees

1 Subject: R350 p/m

2 Subjects: R650 p/m

3 Subjects: R950 p/m

4 Subjects: R1250 p/m

5 Subjects: R1550 p/m

6 Subjects: R1850 p/m

Registration Fee: R700 (Once-Off)

**PAYMENTS ONCE MADE ARE NON-REFUNDABLE (UNDER NO CIRCUMSTANCES)**

**5. Subject Choices**

Minimum of 1 Subject and maximum of 6 Subjects to be ticked below:

- |                         |                          |                         |                          |   |                          |
|-------------------------|--------------------------|-------------------------|--------------------------|---|--------------------------|
| - Accounting            | <input type="checkbox"/> | - Mathematical Literacy | <input type="checkbox"/> | - Sepedi HL                                     | <input type="checkbox"/> |
| - Agricultural Sciences | <input type="checkbox"/> | - Mathematics           | <input type="checkbox"/> | - <sup>1</sup> CAT                              | <input type="checkbox"/> |
| - Business Studies      | <input type="checkbox"/> | - Physical Sciences     | <input type="checkbox"/> | <sup>1</sup> (Computer Applications Technology) |                          |
| - Economics             | <input type="checkbox"/> | - Afrikaans FAL         | <input type="checkbox"/> | - *Electrical Technology                        | <input type="checkbox"/> |
| - Geography             | <input type="checkbox"/> | - English FAL           | <input type="checkbox"/> | - *Technical Mathematics                        | <input type="checkbox"/> |
| - History               | <input type="checkbox"/> | - English HL            | <input type="checkbox"/> | - *Technical Science                            | <input type="checkbox"/> |
| - Life Sciences         | <input type="checkbox"/> | - Sepedi FAL            | <input type="checkbox"/> | - *Tourism                                      | <input type="checkbox"/> |

- Other Subjects not on the list: \_\_\_\_\_ \*Not applicable for Amended Programme

I hereby confirm that the above selected subjects are the ones I am going to attend (Monday – Friday) and write for my final examination.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Boarding Option**

Boarding Fee: R 2000.00 p/m

6 Months R \_\_\_\_\_ p/m. R \_\_\_\_\_ p/annum.

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of May in order to receive your final examination time table)

11 Months R \_\_\_\_\_ p/m. R \_\_\_\_\_ p/annum.

(NOTE: All fees must be paid in full by the 3<sup>rd</sup> of October in order to receive your final examination time table)

Account Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Consent and Indemnity by Student and Parent / Guardian**

I, \_\_\_\_\_ (Parent / Guardian Surname & Name) ID number \_\_\_\_\_ hereby give my consent for \_\_\_\_\_ (Student Surname & name), ID number \_\_\_\_\_, referred to on section 1 of this document to take part in any & all extra-curricular activities of the centre as advised to myself, and also all or any extra mural activities, including but not limited to winter school, games, athletics, tours & excursions of general, vocational, educational, historical, geographical or scientific interest, whether free or may have additional costs & also whether conducted on the centres' premises or not.

I fully understand and accept that all such activities shall be undertaken at own risk and undertaken on behalf of myself, my spouse, my executors and my student to indemnify, hold harmless and absolve the centre, the director, the management and his/ her staff members against the following:

- Damage or loss of any personal property of the student.
- Injury or bodily harm of the student.

I agree that no claim can be made against any party connected to the centre or the centre itself in regard to conditions stated above.

I, \_\_\_\_\_ (Parent / Guardian) and \_\_\_\_\_ (Student) will abide by the rules and regulations of Mokopane Matric Rewrite Centre, and understand that breaking the rules and regulations will result in disciplinary action and possible deregistration from the centre.

Signed at \_\_\_\_\_ (place) on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Parent / Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ (if above the age of 18)

**PAYMENTS ONCE MADE ARE NON-REFUNDABLE (UNDER NO CIRCUMSTANCES)**

**8. Person Responsible for the Account (Payments)**Title:  Mr  Mrs  Miss

Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

ID Number: \_\_\_\_\_ Cell No: \_\_\_\_\_ Tel No (W): \_\_\_\_\_

Cell No (Spouse): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Marital Status:  Married  Never Married  Widowed  Divorced**9. Next of Kin of Person Responsible for the Account**

Name &amp; Surname: \_\_\_\_\_ ID Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ (Specify)

Cell No: \_\_\_\_\_

**10. Declaration & Indemnity by the Person Responsible for the Account (Payments)**

I, \_\_\_\_\_ (account payer) declare that I have enrolled \_\_\_\_\_ (student), ID Number \_\_\_\_\_ at Mokopane Matric Rewrite Centre to attend the ASC/NSC examination preparation lessons for the total of \_\_\_\_\_ subjects, and \_\_\_\_\_ months, that amounts to the total year fee of R \_\_\_\_\_ (Course) and of R \_\_\_\_\_ (Boarding) payable monthly.

I, the undersigned \_\_\_\_\_ (account payer), ID number \_\_\_\_\_ hereby accept that I will be responsible for all the fees (for the programme(s) selected in section 7) mentioned in this contract. All fees are payable at the beginning of each month, on or before the 3<sup>rd</sup> day of each month, or upon enrolment at the centre.

I declare that I bare full knowledge that the final payment must be made no later than the \_\_\_\_\_ in order for the student to receive his / her final examination admission letter (timetable).

I declare that I bare full knowledge that this is a fixed term contract and that should I withdraw the student from centre before the end of the contract date, I shall still be held liable for the full payment of the said contract term payable on time monthly in full by the end date of this contract.

- Fees in arrears, with no agreement in place, will result in the student not being allowed to attend classes until all outstanding fees are paid up to date.
- Premature withdrawal **WILL NOT** result in any refund of fees paid. Failing or no improvement of marks **WILL NOT** result in any refund of fees paid.
- Should the student be suspended / deregistered from the centre due to absentee or disregarding the rules, I will still be liable for the full contract fees, and **NO REFUND** will be given by the centre.

Please note that if fees are not up to date, the centre has the right to deny the student mentioned in this contract access to the centre and an interest rate of 18.5% will be charged, to outstanding fees.

I, \_\_\_\_\_ (account payer), ID Number \_\_\_\_\_ have read and understood the whole document. I also declare that I will notify the centre of any changes to my personal information etc. & that of \_\_\_\_\_ (surname & name of student).

Signed at \_\_\_\_\_ (place) on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

\_\_\_\_\_  
Surname and Full Names of the Account Payer\_\_\_\_\_  
Signature of Account Payer\_\_\_\_\_  
Surname and Full Names of Student\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Witness – Surname and Full Names as per ID\_\_\_\_\_  
Signature of the Witness**PAYMENTS ONCE MADE ARE NON-REFUNDABLE (UNDER NO CIRCUMSTANCES)**

**11. Office Use Only**

Mokopane Matric Rewrite Centre hereby confirms that we have accepted:

- The account payer (mentioned in section 8 of this document) to be responsible for the fees of the student (mentioned in section 1 of this document)
- The student to attend the ASC / NSC examination preparation lessons.

Date of Admission: 

d	d	m	m	2	0	2	y
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Application form handled by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Overseer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTS TO BE SUBMITTED TOGETHER WITH THIS FORM:**

**From Student:**

- x3 Certified copies of identity document
- x3 Certified copies of Grade 9, 10 or 11 school report  
(Only for Amended: If you have never completed matric before.)
- x3 Certified copy of statement of results of the last time you sat as a full time student)
- x4 ID Photos (Colour)

**From Person Responsible for the Account (Payments):**

- Proof of residential address
- x1 Month payslip (If available)
- x1 Month bank statement (If available)
- x1 Certified Copy of ID of the person responsible for the account (Payments)

**From Parent / Guardian**

- x1 Certified Copy of ID of the Parent / Guardian (If not the account payer)

**Banking Details:**

**Bank:** NEDBANK  
**Account Holder:** Thomas Roland York (Mokopane Matric Rewrite Centre)  
**Account Number:** 1064 8870 90  
**Account Type:** Cheque / Current Account  
**Branch Code:** 142748  
**Reference:** Student Surname and Full Names

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