



 Application Number

 Name of learner

 Date Received

INFORMATION FOR ENROLMENT 2019 - GRADE 8 - 12

Telephone: (011) 782 4937/8

1 Thibault Street

PO Box 48927

Fax : (011) 888 4895

Roosevelt Park

Roosevelt Park

 E-mail: info@roosevelthighschool.co.za

2129

 Website : www.roosevelthighschool.co.za

Thank you for choosing Roosevelt High School as a possible school for your child. Before completing this form, please take note of the following:

- Preference will be given to pupils whose parents live or work within the school's feeder area or have a sibling enrolled in the school.
- Financial assistance will not be granted to parents who reside outside the school's feeder area.
- NB: Attendance at a local primary school does not guarantee enrolment.
- **Any fraudulent documentation will result in deregistration of candidate with immediate effect.**

REQUIRED DOCUMENTS TO ACCOMPANY ONLINE APPLICATION

- Certified copy of learner's unabridged birth certificate.
- Latest school report.
- Certified copies of both parents' or guardians' ID documents. (Death Certificate if deceased)
- **Proof of address: Only** the following original utility bills will be accepted: Joburg water,
- If leasing: a copy of the lease agreement and utility bill of lessor.
- Certified copy of the COURT ORDER GRANTING GUARDIANSHIP (if applicable)
- Certified copy of DIVORCE AGREEMENT (if applicable).
- Copy of IRP5 or SARS Document (Both parents).
- Proof of permanent employment for both parents / guardians.
- Copy of salary slip for both parents / guardians or bank statements (3 months).
- Certified copies of passports (Immigrants only).
- Certified copy of study permit (Immigrants only).
- Proof of Online Application

NOTES: (Office use only)

SECTION A



ENROLMENT FORM - 2019

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No



DATE: 13 FEB 2018

Name of other learner(s) : _____

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afrikaans English Other: _____

Learner's language preference: Afrikaans English
 Other: _____

Learner cell phone number: _____

Learner e-mail address: _____

Admission date: _____

Grade in 2019 : _____

Years in grade for 2019 : _____

Years in phase for 2019 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Registered for social grant: Yes No

Receives social grant: Yes No

Benefit from school nutrition programme: Yes No

Learner resides in a hostel: Yes No

Name of hostel: _____

Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____ Waiting list: A B

Register class: _____ Number on waiting list: _____

Admission number: _____ ID copy:

Transfer card:

Report card:

Birth certificate:

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent?: Yes No

DECLARATION BY PARENT / GUARDIAN

I, _____ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 2018.

Signature of Parent / Guardian: _____

ACCOUNTABLE PERSON'S INFORMATION Biological Parent 1 Biological Parent 2 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Cell phone number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____



SUBJECT CHOICES FOR GRADE 10, 11 AND 12.

- a. ENGLISH, AFRIKAANS, LIFE ORIENTATION (Compulsory)

Choose ONE of the following subjects

MATHEMATICS	
Or	
MATH LITERACY	

Choose THREE of the following subjects:

Geography	
Consumer Studies	
Accounting	
Physical Science	
Business Studies	
Life Science	
History	
Computer Applications Technology	
Religion Studies	
Hospitality Studies	
Tourism	
Design	
Sports and Exercise Sciences	
Visual Arts	
Engineering Graphics and Design	

PLEASE NOTE: AN ADDITIONAL LEVY of R1500 WILL BE PAYABLE PER ANNUM FOR CONSUMER STUDIES, DESIGN, HOSPITALITY STUDIES AND COMPUTER APPLICATIONS TECHNOLOGY.
THIS SHOULD BE SETTLED BEFORE CLASSES COMMENCE IN JANUARY.

SIGNATURE OF PARENT/GUARDIAN

NAME

DATE:



PAYMENT OF FEES:

Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996. The school fees for 2018 are R28500 (Grade 8) and R26500 (other grades). An increase of approximately 10% on school fees is expected for 2019.

TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF SCHOOL FEES

SCHOOL FEES ARE COMPULSORY AND PAYABLE IN ADVANCE

I, _____ hereby commit to the payment of all school fees due by me.

PLEASE INDICATE THE METHOD OF PAYMENT BY TICKING THE APPROPRIATE BLOCK BELOW:

PAY IN FULL BEFORE JANUARY OF YEAR OF INTAKE (DISCOUNTED AMOUNT)

YES	NO
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PAY MONTHLY OVER TEN MONTHS (JANUARY TO OCTOBER by debit order)

YES	NO
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TO BE COMPLETED BY THE PARENT / LEGAL GUARDIAN: (COMPULSORY)

I, _____

- Hereby give permission for my child _____ to participate in the normal sporting and cultural activities of the school. I realise that no claim can be made against the school for injuries or articles of clothing and equipment that may be lost or damaged.
- I will support the policy of the GDE with regard to compulsory attendance at school and extra-mural activities and will not ask for permission to extend vacations or make doctor's, dentist's or driving license appointments for my child during school hours.
- I accept that if this application is successful it will be in terms of the general conditions governing admissions and the school's code of conduct.
- I understand that supplying false information on this form constitutes fraud. Fraudulent applications will be removed from the school's waiting list.
- I acknowledge that Roosevelt High school is a Quintile 5 school and does not receive sufficient funds to provide learners with text books.
- I acknowledge that any information found to be falsified will result, as per School Admissions Policy, in deregistration with immediate effect .**
- My child and I have read the School's Code of Conduct (downloadable from the website) and have signed and agreed to the stated document.

A partial or full concession may be considered **on application** and after full disclosure and a review of your financial circumstances. Should information be withheld, concession **will not** be granted.

Signature

DATE: _____

p.t.o.



AUTHORITY TO DEBIT ACCOUNT

Date : _____

To : Roosevelt High School, P O Box 48927, Roosevelt Park, 2129

Abbreviated name as it will appear on your bank statement : REHROOS

Learners at Roosevelt High School

1. Name: _____ Gr. _____ Year _____

2. Name: _____ Gr. _____ Year _____

3. Name: _____ Gr. _____ Year _____

School account no.

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The details of my bank account are as follows:

Surname and Initials : _____

Bank : _____ Branch : _____

Branch code :

--	--	--	--	--	--

Account no :

--	--	--	--	--	--	--	--	--	--	--	--

Cell no : _____ (h) _____ (w) _____

Employer's name : _____

Email address : _____

I.D. no :

--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account : 1. Cheque 2. Savings 3. Transmission

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows i.e. on the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet



the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; ii. monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. **A penalty of R200 will be charged to my account in the event of the debit order being returned.**

Payment instructions due in December and/or April may be debited against my account on :

_____.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

B. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

C. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20 ____ .

Signature as used for operating on the account.