ROOSEVELT HIGH SCHOOL LEARNER INFORMATION FORM

2022



Thank you for your interest in Roosevelt High School!

Before completing this form, please take note of the following:

Grade 8 Applicants <u>must</u> register on the GDE platform: <u>www.gdeadmissions.go.za</u> and provide the GDE reference number at the bottom of this page.

This form must be completed by the Biological Parent or Legal Guardian who wishes to enrol their child into RHS.

Please scan this form and the required supporting documents and email to Ms Nieuwoudt in the Admissions Department (admissions@roosevelthighschool.co.za); alternatively submit in person to the school.

Certain documents must be certified by a Commissioner of Oaths.

Enquiries: Ms Mary-Anne Nieuwoudt, Admissions Secretary <u>admissions@roosevelthighschool.co.za</u> or 0117824937 ext. 1

IN ORDER TO ENSURE THE CORRECT SUPPORTING DOCUMENTATION IS APPROVED:

- Biological Parent: Self-explanatory. Proof required = UNABRIDGED BIRTH CERTIFICATE
- 2. Legal Guardian: Common Law concept of day-to-day control and care of a child, assigned by the High Court in accordance with the Children's Act 38 of 2005. Proof required = Court Order granting legal guardianship
- 3. Stepparent: Married to a Biological Parent. Proof required = Marriage Certificate

Should any of the documentation submitted be found fraudulent, RHS reserves the right to cancel the application.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

SCHOOL STAMP		
	ADMISSIONS NUMBI	ER

	ADMISSIONS SUPPORTING DOCUMENTATION CHECKLIST FOR APPLICANTS	
		Provided
1	Learner: Recent head and shoulders photograph	
2	Learner: Unabridged birth certificate (certified copy) - See page 3 for more details	
3	Learner: Copy of latest school report	
4	Parent Identification Documents:	
4a	Certified copy of Father's ID	
4b	Certified copy of Mother's ID	
4c	Certified copy of Legal Guardian's ID	
5	Death Certificate if a parent(s) is/are deceased (certified copy)	
6	Divorced/Separated Parents: A Copy of the divorce and maintenance agreement	
7	Proof of Home Address (Permanent residential address):	
7a	If you OWN the property: City of Johannesburg Municipality / utility bill (not older than 3 months)	
7b	If RENTING from an individual/private person: A copy of the valid lease agreement, plus a copy of the landlord's ID, & the property municipality bill (not older than 3 months)	
7c	If RENTING through an agent: a copy of the valid lease agreement, a letter of confirmation from the agent and a rental statement (not older than 3 months)	
8	Proof of Work Address for BOTH Parents/Guardians:	
8a	Business owners/ sole proprietors/self-employed: Sworn Affidavit	
8b	Letter from employer on an official company letterhead confirming employment - the physical address must be specified. <i>Alternatively,</i> a copy of the parent's latest payslip	
9	Legal Guardian - Provide the abovementioned documents PLUS:	
9a	Court Order granting legal guardianship	
10	Non-SA Citizens	
10a	Copy of Learner's Passport	
10b	Copy of Father's Passport	
10c	Copy of Mother's Passport	
10d	Current Study Permit	
10e	Visa	
10f	Parent's Work Permit	
11	Asylum Seeker / Refugee -Provide the above-mentioned documents PLUS:	
11a	A copy of the DHA's Asylum Seeker temporary permit or application for Permanent Residency	
11b	A Copy of a valid study permit	
12	Bank statement or Salary slip for the Debi Check App	

IMPORTANT NOTICE: A first instalment of R4 000.00 will be due and payable on receipt of your child's acceptance to Roosevelt High School. This amount will be credited to your child's school fee account.

SUPPORTING DOCUMENTATION

REQUIREMENTS FOR SOUTH AFRICAN CITIZENS & IMMIGRANTS

A. SOUTH AFRICAN CITIZENS (Applicants should be in possession of a valid South African ID)

LEARNER

1. A certified copy of the learner's UNABRIDGED BIRTH CERTIFICATE.

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If you are in the process of applying for the unabridged birth certificate, the following may be provided in the interim: A certified copy of the learner's BIRTH CERTIFICATE in the case where both biological parents have completed the application form and submitted certified copies of their ID documents.

- 2. The learner's LATEST SCHOOL REPORT.
- 3. One recent ID sized PHOTO of the learner.

PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S)

- 1. Certified copies of the ID document of BOTH parents/legal guardians/caregivers.
- 2. In the case of a deceased parent/s, a certified copy of the DEATH certificate/s.
- 3. A certified copy of the COURT ORDER granting LEGAL GUARDIANSHIP/FOSTERSHIP to the parties of this application.
- 4. In the case of a CAREGIVER, a court order accompanied by copies of the biological parents' ID documents confirming this arrangement. (Should the applicant not be in possession of a court order; same MUST be obtained from the xxxx Magistrate Court.)
- 5. In the case of divorced or separated parents, a certified copy of the DIVORCE and MAINTENANCE AGREEMENT. (A maintenance agreement or divorce order cannot be enforced on a third party, being the school.)
- 6. Proof of PERMANENT RESIDENTIAL STREET ADDRESS (the most recent Rates and Taxes account not older than 3 months reflecting the PHYSICAL address, or the Deed of Sale complete with revenue stamp).
- 7. In the case of RENTING, a certified copy of the current Lease Agreement (valid for a period of 8 months from date of this application), a letter from the Landlord together with their ID document and the Rates and Taxes account of the rented property which is not older than 3 months.
- 8. In the case of divorce or separation, BOTH parents need to provide a certified copy of proof of their respective PERMANENT RESIDENTIAL STREET ADDRESSES.
- 9. Proof of PERMANENT WORK ADDRESS (both Parents/Legal Guardians/Caregivers). For example: letter of confirmation on company letterhead, letter of appointment, or a salary slip which contains the company's physical address. Business owners who cannot provide evidence of a physical address for their place of employment must complete the SWORN AFFIDAVIT provided on page 15 of this form.
- 10. SA CITIZENS who have been out of SA for more than *one* (1) year must provide the Learner's and BOTH Parents' passports showing all border entries and exits.

B. NON-SOUTH AFRICAN CITIZENS (Applicants without a valid South African ID)

NB: Please provide ALL the original documentation and valid passports.

No expired documentation will be accepted.

Admission of non-South African citizens to Roosevelt High School will be governed by the terms of the Immigration Act No. 13 of 2002, Immigration Regulation dated 22 May 2014 Section 12(1)(h):

- No learner will be admitted to Roosevelt High School, unless he/she is in possession of a valid study visa issued by the Department of Home Affairs for the duration of the learner's studies at Roosevelt High School.
- Interms of the condition of a study visa, parents must pay the compulsory annual school fees, annually and in full, <u>in a</u>dvance. Neither exemption nor any payment dispensations may be considered, as this contravenes the conditions of the study visa.

I FARNER

- 1. A certified copy of the learner's BIRTH CERTIFICATE.
- 2. Valid PASSPORT.
- Valid STUDY VISA.
- 4. The learner's LATEST SCHOOL REPORT.
- 5. One recent ID sized PHOTO of the learner.

PARENT(S)/LEGAL GUARDIAN(S)/CAREGIVER(S)

- 1. Certified copies of the Valid Passport of BOTH Parents/Legal Guardians/Caregivers.
- 2. In the case of a deceased parent/s, a certified copy of the **DEATH** certificate/s.
- 3. A certified copy of the COURT ORDER granting LEGAL GUARDIANSHIP/FOSTERSHIP to the parties of this application.
- 4. In the case of a **CAREGIVER**, a court order accompanied by copies of the biological parents' valid passports confirming this arrangement. (Should the applicant not be in possession of a court order; same MUST be obtained from the **Randburg Magistrate Court.)**
- 5. In the case of divorced or separated parents, a certified copy of the **DIVORCE and MAINTENANCE AGREEMENT.** (A maintenance agreement or divorce order cannot be enforced on a third part, being the school.)
- 6. Certified copies of the **Valid Work Visa of BOTH** Parents/Legal Guardians/Caregivers.
- 7. Proof of PERMANENT WORK ADDRESS (both Parents/Legal Guardians/Caregivers). For example: letter of confirmation on company letterhead, letter of appointment, or a salary slip which contains the company's physical address. Business owners who cannot provide evidence of a physical address for their place of employment must complete the SWORN AFFIDAVIT provided on page 16 of this form.
- 8. Proof of **PERMANENT RESIDENTIAL STREET ADDRESS** (the most recent Rates and Taxes account not older than 3 months reflecting the PHYSICAL address, or the Deed of Sale complete with revenue stamp).
- 9. In the case of **RENTING**, a certified copy of the current Lease Agreement (valid for a period of 8 months from date of this application), a letter from the Landlord together with their ID document and the Rates and Taxes account of the rented property which is not older than 3 months.
- 10. In the case of divorce or separation, BOTH parents need to provide a certified copy of proof of their respective **PERMANENT RESIDENTIAL STREET ADDRESSES.**
- 11. Asylum seeker: Documentation from Home Affairs -temporary/permanent permit.

Important Notice: In terms of the Immigration Act No. 13 of 2002 Regulation, dated 22 May 2014, Section 12(1)(a): The annual school fee amount will be due and payable on confirmation of your child's acceptance to Roosevelt High School, in order to facilitate the learner's application for a valid study visa at Roosevelt High School.



ENROLMENT FORM - 2022

PLEASE COMPLETE WITH A BLACK PEN

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

Yes		N
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Name of other learner(s) : _____ DATE: 13 APR 2021

LEARNER INFORMATION	OFFICE USE ONLY				
LEARNER					
Full names:	Family code: Waiting list: A B				
Surname:	Register class: Number on waiting list:				
Preferred name:	Admission number: Transfer card:				
Date of birth:	Report card:				
ID number:	FAMILY INFORMATION				
Nationality: RSA Other:	Family status: Both parents Single parent - Unmarried				
Religious denomination:	Foster care Childrens home Single parent - Divorced				
Gender: Male Female					
Ethnic group:	Other Re-composed Widow/Widower				
Home language: Afrikaans English Other:	Parents deceased: Mother Father None LEARNER HEALTH INFORMATION				
Learner's language preference: Afrikaans English					
Other:	Chronic diseases:				
Learner mobile number:	Allergies:				
	Medication:				
Admission date:	MEDICAL AID INFORMATION				
Grade in 2022 :	Name:				
Years in grade for 2022 :	Telephone number:				
Years in phase for 2022 :	Member number:				
Pre-primary education attended: Formal Informal	Primary member:				
Other:	FAMILY DOCTOR INFORMATION				
Registered for social grant: Yes No	Name:				
Receives social grant: Yes No	Telephone number:				
Benefit from school nutrition programme: Yes No	Business address:				
Do you want to apply for hostel residence:					
Name of hostel:	INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY				
Method of transport: Private Taxi Bus	First registration of learner in Gauteng : Yes No				
Taxi/Bus registration number:	Learner attended school last year: Yes No				
Name of driver:	If yes, in which Province/Country:				
Contact number:	Previous school:				
NEXT OF KIN INFORMATION	Telephone Number:				
Name:	Address:				
Contact number:	Province:				
Alternative contact number:	Highest grade in previous school:				
Relation:	Reason for leaving the school:				

BIOLOGICAL PARENT / LEGAL	GUARDIAN 1 INFORMATIO	N	
Title:		Postal address:	
Full names:		_	
Surname:			
Initials:		Occupation status:	Own Employer Non-Professional
Preferred name:			Own Employer Professional
ID number:			House wife Part time
Home language:			Contract worker Pensioner
Communication preference:	SMS E-mail		Student Temporary
	Mail By hand		Full time Unemployed
Language preference:		Occupation:	
Mobile number:		Employer:	
Home tel:			umber:
Fax:		Employer physical	address:
E-mail:			
Residential address:			
Treordential address.		Is the learner living	with this parent?
		is the learner living	ywith this parent?: Yes No
BIOLOGICAL PARENT / LEGAL (GUARDIAN 2 INFORMATIO	N	
Title:		Postal address: _	
Full names:			
Surname:			
Initials:		Occupation status:	Own Employer Non-Professional
Preferred name:			Own Employer Professional
ID number:			House wife Part time
Home language:			Contract worker Pensioner
Communication preference:	SMS E-mail		Student
	Mail By hand		Full time Unemployed
Language preference:		Occupation:	
Mobile number:			
Home tel:		Work telephone nu	umber:
Fax:		Employer physical	address:
E-mail:			
Residential address:			
		Is the learner living	g with this parent?: Yes No
DECLARATION BY PARENT / GL	JARDIAN		
		(Name of Descript C	Nuordian) harahu daeless that the information on "
in this form is true and just and that	at I, by way of my signature he		Guardian), hereby declare that the information supplied rson of the School Governing Body or his/her
		•	formation supplied be found not to be true, I may be
Signed at	on	day of	2021.
Signature of Parent / Guardian:			

	B/(12. 10/4 1/2021
ACCOUNTABLE PERSON'S INFORMATION	
Biological Parent 1	Biological Parent 2 Other
Only if 'Other', please compl	
A) INDIVIDUAL	B) COMPANY / CLOSED CORPORATION / TRUST
Title:	Title:
Full names:	Name:
Surname:	Registration number:
Initials:	Language preference:
Preferred name:	Contact number:
ID number:	Fax number:
Home language:	Business address:
Communication preference: SMS E-mail	
Mail By hand	
Language preference:	Postal address:
Mobile number:	
Telephone number:	
Fax number:	Postal Code:
E-mail:	
Residential address:	
Postal address:	
Postal Code:	

-	greement between Roosevelt High School and	(Name of parent /
guc	ardian) with regards to the payment of soliconices.	
1.	Roosevelt High School is a Section 21 Public School and may raise school fees in terms of the South African Sc the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.	chool Act (Act No. 84 of 1996) and
2.	As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African South that you have been exempted from payment in terms of the said Act.	chools Act, unless or to the extent
3.	Even though a court has determined that another person is liable to pay the prescribed school fees, as may be in orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the defin African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school be charged by the school in respect of a particular learner.	nition of "parent" in the South
4.	Payment of school fees to Roosevelt High School will be made as follows: (Please tick the applicable block with a cross)	
	Full payment (Once-off) on or before the last date as determined during the annual parent meeting.	
	Payment over 10 months.	
	Alternative arrangements will be made with the School in writing at my own responsibility and initiative.	
5.	I / We are aware of the application process for exemption of school fees for 2022 and if exemption is required, v application form.	ve will complete the relevant
6.	Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of s Head of Department from the Department of Education who will at all times ensure compliance to the mentioned proper legal procedures to protect the rights of both you as a parent and that of the School Governing Body.	
7.	Should payments of school fees be in arrears, I shall be accountable for the payment of fees that may arise in the attorney and client scale.	e effort to collect the fees on an
8.	I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or ple Residential address (Not a postal address):	eadings.
9.	I / We the parents / guardian of undertake to honour the agree	ement as set out above.
Sig	gnature of Parent / Guardian: Date:	
PΕ	ERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIE	s
	I, parent / guardian of hereby give permission that I academic, sport and culture activities presented by the school in an organised manner. To participate in tests conceed team with the object of improvement in school work and to identify other problems.	
	I grant permission that my child may be transported by a public bus company approved by the school management learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport there.	
3.	I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible	responsible for the payment of
	I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surg my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete.	in good health.
	used in case of an emergency. I undertake to inform the school if any of the above information may change.	
7.	I undertake to support my child to obey the Code of Conduct and the disciplinary system of Roosevelt High Schoo school.	I as included in the Policy of the
	I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.	
Sin	gnature of Parent / Guardian: Date:	
9	,	

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ROOSEVELT HIGH SCHOOL



AUTHORITY TO DEBIT ACCOUNT

										Date	:					
To: Roosevelt High	School, P	Э Вох	4892	7, Roose	velt Park	, 2129)									
Abbreviated name as	s it will appe	ear on	your	bank sta	tement :	RE	HR	oos								
Learners at Roosev	elt High So	hool														
1. Name:									(Gr			Year			
2 Name:									(Gr			Year			
3. Name:									(Gr			Year .			
School	account no). [
The details of my ba	ank accour	nt are	as fo	llows:						•						
Surname and Name	:									Mr.	/Mrs/l	VIs				
Bank :				Brai	nch :											
Branch code	:															
Account no	:															
Cell no :				_ (h)				(v	v)					_		
Employer's name : _				· · · · · · · · · · · · · · · · · · ·												
Email address :																
I.D. no :																
Type of Account	:1. Che	que		2. Sa	vings		3.	Tran	smis	sion						
I/We hereby authorise account at my/our above the sum of such payme	vementioned nt instruction	bank (ns will	or any never	other ban	k or bran y/our obli	ch to v	hich s as a	I/we agreed	may l to in	transf the A	er my Agreen	our aonent, a	ecount and co) on cond mmencir	dition thang on	at
of not less 20 ordinary payment instructions so each and every month of recognized South Africare insufficient funds in instruction for payment	working day o authorised commencing can public ho on the nomina	to be is on liday, t	sent b sued i	y prepaid is must be issued yment day to meet the	registered sued and will auto	l post odeliver In the communities on, you	or del red as ne ev ally b are	ivered s follo rent the e the entitle	to yws i.e at the very ted to t	our ace. on to pay next out track i	dress he nent d rdinar ny aco	indica da ay fall y busi count	ated ab ay (" pa Is on a iness d and re	ove. The ayment of Saturday lay. Further, -present	e individay") of y, Sundaher, if the	dual y or ere

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. <u>A penalty of R200 will be charged to my account in the event of the debit order being returned</u>.

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 thisday of 20					

Signature as used for operating on the account

PAYMENT OF SCHOOL FEES

Public school fees are a statutory duty in terms of the South African Schools Act No. 84 of 1996. The school fees for 2021 are R36 000.00 (Grade 8) and R33 000.00 (other grades). An increase of approximately 10% on school fees is expected for 2022.

TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF SCHOOL
FEES SCHOOL FEES ARE COMPULSORY AND PAYABLE IN ADVANCE
l,hereby commit to the payment of all school fees due by me.
PLEASE INDICATE THE METHOD OF PAYMENT BY TICKING THEAPPROPRIATE BLOCK BELOW:
PAY IN FULL BEFORE JANUARY OF YEAR OF INTAKE (DISCOUNTED AMOUNT) YES NO
PAY MONTHLY OVER TEN MONTHS (JANUARY TO OCTOBER by debit order) YES NO
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.
TO BE COMPLETED BY THE PARENT / LEGAL GUARDIAN: (COMPULSORY)
l,
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.
2. 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.
3. 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.
4. Lunderstand 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.
6. 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.
SIGNATURE
$\mathbf{D} \mathbf{A} \mathbf{T} \mathbf{F} \mathbf{\cdot}$



SUBJECT CHOICES FOR GRADE 10, 11 AND 12 ONLY

(Not applicable for Grade 8 & 9 applicants)

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	
Engineering Graphic Design	
Visual Arts	

PLEASE NOTE: AN ADDITIONAL LEVY OF R WILL BE PAYABLE PER ANNUM FOR CONSUMER STUDIES, DESIGN, HOSPITALITY STUDIES AND COMPUTER APPLICATIONS TECHNOLOGY AND EGD, SPORT AND EXERCISE SCIENCE AND VISUAL ARTS. THIS SHOULD BE SETTLED BEFORE CLASSES COMMENCE IN JANUARY.

SIGNATURE OF PARENT/GUARDIAN	NAME	DATE: