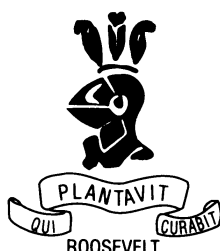


ROOSEVELT HIGH SCHOOL
LEARNER INFORMATION FORM

2023



Thank you for your interest in Roosevelt High School!

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

Grade 8 Applicants must register on the GDE platform: www.gdeadmissions.go.za 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 admissions@roosevelthighschool.co.za or 0117824937 ext. 1

IN ORDER TO ENSURE THE CORRECT SUPPORTING DOCUMENTATION IS APPROVED:

1. 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 NUMBER

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.

OR

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.
- In terms of the condition of a study visa, parents must pay the compulsory annual school fees, annually and in full, in advance. Neither exemption nor any payment dispensations may be considered, as this contravenes the conditions of the study visa.

LEARNER

1. A certified copy of the learner's BIRTH CERTIFICATE.
2. Valid PASSPORT.
3. 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 party, 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 - 2023

PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

Name of other learner(s) : _____

DATE: 31 JAN 2022

LEARNER INFORMATION

LEARNER	
Full names:	_____
Surname:	_____
Preferred name:	_____
Date of birth:	_____
ID number:	_____
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other
Religious denomination:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic group:	_____
Home language:	_____
Learner's language preference:	_____
Dexterity:	_____
Learner mobile number:	_____
Learner e-mail address:	_____
Admission date:	_____
Grade in 2023 :	_____
Years in grade for 2023 :	_____
Years in phase for 2023 :	_____
Pre-primary education attended:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other: _____
Registered for social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receives social grant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit from school nutrition programme:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to apply for hostel residence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of hostel:	_____

Method of transport:	_____
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: <input type="checkbox"/> A <input type="checkbox"/> B
Register class: _____	Number on waiting list: _____
Admission number: _____	ID copy: <input type="checkbox"/>
	Transfer card: <input type="checkbox"/>
	Report card: <input type="checkbox"/>
	Birth certificate: <input type="checkbox"/>

FAMILY INFORMATION

Family status:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent - Unmarried	
	<input type="checkbox"/> Foster care	<input type="checkbox"/> Childrens home	<input type="checkbox"/> Single parent - Divorced
	<input type="checkbox"/> Other	<input type="checkbox"/> Re-composed	<input type="checkbox"/> Widow/Widower
Parents deceased:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner attended school last year	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-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: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-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 _____ 20__.

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: _____

Communication preference: SMS E-mail Mail
 By hand

Language preference: _____

Mobile 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: _____

BANKING DETAILS

Bank: _____

Branch: _____

Branch code: _____

Account type: Cheque Transmission Savings

Bank account number: _____

Account holder: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Roosevelt High School and _____ (Name of parent / guardian) with regards to the payment of school fees.

1. Roosevelt High School is a Section 21 Public School and may raise school fees in terms of the South African School Act (Act No. 84 of 1996) and the National Educating Policy Act (Act No. 27 of 1996) - National norms and standards of School Funding.
2. As a parent/guardian you are liable to pay school fees determined in terms of Section 39 of the South African Schools Act, unless or to the extent that you have been exempted from payment in terms of the said Act.
3. Even though a court has determined that another person is liable to pay the prescribed school fees, as may be included in divorce settlements orders, and / or any other appropriate court order, it remains the responsibility of all persons who meet the definition of "parent" in the South African Schools Act, to pay school fees and all "parents" are jointly and severally liable for the payment of all school fees that are charged or will be charged by the school in respect of a particular learner.
4. Payment of school fees to Roosevelt High School will be made as follows:)

(Please tick the applicable block with a cross)

- | | |
|---|---|
| A | Full payment (Once-off) on or before the last date as determined during the annual parent meeting. |
| B | Payment over 10 months. |
| C | 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 2023 and if exemption is required, we will complete the relevant application form.
6. Should you wish to appeal against a decision of the Governing body regarding the exemption from payment of school fees, you can do so at the Head of Department from the Department of Education who will at all times ensure compliance to the mentioned Acts and are obliged to follow 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 effort to collect the fees on an attorney and client scale.
8. I choose the following address as my domicilium citandi et executandi for delivery or serving of any notices or pleadings.
Residential address (Not a postal address):

9. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he/she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. 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 School as included in the Policy of the school.
8. I hereby confirm that the school is allowed to use imagery of my child in any publication, in any format.

Signature of Parent / Guardian: _____ Date: _____

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

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 2022 are R38 000.00 (Grade 8) and R35 000.00 (other grades). An increase of approximately 10% on school fees is expected for 2023.

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
-----	----

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)

I, _____

1. 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. I understand that supplying false information on this form constitutes fraud. Fraudulent applications will be removed from the school's waiting list.
5. 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 .**
7. 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

_____ DATE: _____

SUBJECT CHOICES FOR GRADE 10, 11 AND 12.

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: