

submitted.

RIETONDALE HIGH SCHOOL

Private bag X06, Gezina, 0031 Tel: 012 329 0574 E-mail: admin@rietondalehs.co.za Website: www.rietondalehs.co.za

	GR 8 APPLICATION	FOR ENRO	LLMENT	
LEARNER NAM	IE & SURNAME:			
Donartmontal	roforonco numbori			
Depai tillelitai	reference number:			РНОТО
	FOR OFFI	CE USE		
Waiting list no:		Register class:		
Signature:		Admission no:		
Enrolment date:		Family code:		
	ADMISSION RE	QUIREMENTS	5	
 Grade 8 approximates completing a school application requested sums. Effective consimplifies consimplifies consimplifies considered. 	application for enrolment form and submit blications, must first be submitted online in online application and having received a ation form, downloaded from the school's apportive documentation must be handed in inmunication with you is a priority for us. We munication and enables us to share relevants. We will also be able to notify of any about the properties of the p	(www.gdeadmis reference number website. The comp n at the school's from e make use of the ant important notice	sions.gov.za). and sms, then colleted form, toge ont office. d6 Connect App des/announceme	If successful in only complete the other with all the other. This application ents, resources and
	ch the following documentation:			
☐ Proof of agreem	residential address (original/certifie c ent)	d copy of muni	cipal account	OR formal lease
☐ Certifie	d copy of learner's original unabridge	ed birth certific	ate;	
☐ Latest s	chool report (Original/certified copy).	•		
☐ Certifie	d copies of both parents'/guardian	ns' identity doc	uments;	
☐ Transfer	card from previous school (only when	approved);		
☐ Proof of	employment on an original letterhead i	f you work in th	e area.	
study pe	s with immigrant status must also primit; parents' ID documents; parents' roof that he or she has applied for the	work permit; If c	locumentatio	
☐ In case of	of foster care, a copy of the court order	;		
☐ In case of	of divorce, a copy of the court order inc	dicating guardian	ship.	
Dlease note tha	t the annlication will only be processe	d if All of the a	hove documen	ts have been

The submission of any false **documentation** in the process of enrolment will lead to immediate nullification of your application and waiting list number. A new application form must then be completed and a new waiting list number will be issues thereafter.

Contact number
Relationship

RIETONDALE HIGH SCHOOL ENROLMENT FORM – 2025

PLEASE COMPLETE WITH A BLACK PEN

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

Yes No

LEARNER INFORM	IATION								
Full names									
Surname									
Preferred name									
Date of birth		 (dd)		_ (n	nm)			(yy)
Nationality		RSA	١			(Othe	er	
ID no									
Passport number									
Asylum seeker?		Yes				No)		
Permit no									
Permit expiry date		 							
Religious denomina	tion	 							
Gender		 							
Ethnic group		 							
Home language									
Preferred language									
Dexterity		Righ	nt-ha	nde	d		Le	ft-ha	anded
Learner's mobile no									
Learner's email									
Residential address									
NEXT OF KIN									
Name									
Surname									
Contact number									
Relationship									
AND / OR									
Name									
Surname									

Name of sibling(s) in the school:

AMILY INFORMATION	
Both parents	Single parent - Unmarried
Foster care	Single parent - Divorced
Children's home	Recomposed
Widow/Widower	Other
Mother deceased	Father deceased
EARNER HEALTH INFOR	RMATION
Chronic disease(s)	
Allergies	
Medication	
MEDICAL AID INFORMAT	ION
Name	
Tel no	
Member number	
Primary member	
FAMILY DOCTOR INFORM	MATION
Name	
Tel no	
Address	
INFORMATION OF PRIMA	RY/PREVIOUS SCHOOL
Previous school	
Tel no	
Address	

BIOLOGICAL PARENT 1/LEG	AL GUARDIAN 1 INFORMATION (F	AIREK)	
Title		Postal address	
Full names			
Surname			
Initials			
Preferred name		OCCUPATION INFORM	IATION
Marital status		Occupation status	Contract worker
Nationality			Full time employed
Date of birth	(dd) (mm) (yy)		Housewife
ID no		1	Part-time employed
Passport no _		1	Pensioner
Asylum seeker?	_		Self-employed non-professional
Permit no			Own-employed professional
Permit expiry date			Student
Gender			Temporary employment
Home language			Unemployed
Communication preference	SMS E-mail	Occupation	Onemployed
Mobile no	SIVIO L-IIIGII	Employer	
Home no		Work tel no	
E-mail		Employer address	
Residential address		Employer address	
Residential address			
_		Deed Jacobs live with no	No.
PIOLOGICAL DADEN	IT 2 / LEGAL GUARDIAN 2 INFORM	Does learner live with pa	arent? Yes No
	1 2/LEGAL GUARDIAN Z INFORM	Postal address	
Title Full names		Postal address	
_			
Surname _			
1 - 10 - 1 -			
Initials		OCCUPATION INFORM	A TION
Preferred name		OCCUPATION INFORM	
Preferred name		OCCUPATION INFORM Occupation status	Contract worker
Preferred name Marital status Nationality			Contract worker Full time employed
Preferred name Marital status Nationality Date of birth	(dd) (mm) (yy)		Contract worker Full time employed Housewife
Preferred name Marital status Nationality Date of birth ID no	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed
Preferred name Marital status Nationality Date of birth ID no Passport no	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker?	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker?	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender	(dd) (mm) (yy)		Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender Home language		Occupation status	Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender Home language Communication preference		Occupation status Occupation	Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender Home language Communication preference Mobile no		Occupation status Occupation Employer	Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender Home language Communication preference Mobile no Home no		Occupation status Occupation Employer Work tel no	Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment
Preferred name Marital status Nationality Date of birth ID no Passport no Asylum seeker? Permit no Permit expiry date Gender Home language Communication preference Mobile no Home no E-mail		Occupation status Occupation Employer Work tel no	Contract worker Full time employed Housewife Part-time employed Pensioner Self-employed non-professional Own-employed professional Student Temporary employment



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PERMISSION FROM PARENTS

Protection of Personal Information

- 1. I/we, being the parent/s or legal guardian/s of the learner, consent to:
 - a. my/our personal information being collected, processed and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies, and
 - b. the learner's personal information (including academic, attendance, behavioural and other school-related records) being collected, processed, shared and stored by the school in terms of the relevant provisions of the Protection of Personal Information Act 4 of 2013 (POPI) for purposes of enrolment of the learner in the school, the proper functioning, management and governance of the school, as prescribed in the South African Schools Act, 84 of 1996 and other relevant national and provincial educational legislation and policies.
 - include photographs, with or without name, of your child in school publications/website/D6 Gallery or in press releases to celebrate your child's activities, achievements or successes.
 - d. supply information and a reference in respect of your child to any educational institution which 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/her ability, aptitude and character is fair. However, the school cannot be 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.
 - e. communicate with you via electronic means such as the SMS system or D6 communicator or class dojo etc.
- 2. I/we confirm that I/we have been informed that the abovementioned personal information will be dealt with in line with the school's POPI policy, which is available upon request to the school. I also confirm that I am aware that my/our rights with regards to the protection of my personal information is also detailed in this policy.
- 3. I/we confirm that I/we understand that it is my/our responsibility to inform the school as soon as any of the personal information I have provided herein changes and undertake to furnish the school with such amended information as soon as possible.

4.	possession, unless you give your cons this be the case, the school may only	rwise publish any of your personal information in its ent, in writing, to the school that it may do so. Should distribute or otherwise publish the information e and for the purpose stated in your written consent.
NAI	ME OF CHILD	
	ME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN



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RHS 32

INDEMNITY FORM

EXTRA-CURRICULAR ACTIVITIES

1.	I,	(full name and surname),						
	parei	nt/guardian of						
		full name and surname and ID-number of learner), hereby give permission that ne may attend/participate in the school's extra-mural activities entirely at his/her own risk.						
2.	I accept that the necessary precautions will be taken to ensure the safety and wellbeing of my child and that I will be responsible for the payment of any hospital and/or medical accounts, if applicable, in the event of an injury not resulting from the negligence of the supervising staff members.							
3.	I authorise the principal of the school or his representative(s), to act on my behalf should urgent medical attention be necessary for my child. To the best of my knowledge he/she is in good health.							
4.	I req	uest the responsible persons to pay special attention to the following: (Name any illness or						
	cond	ition e.g. allergies, asthma, epilepsy, etc.)						
5.	The f	following information is required in the event of medical treatment or hospitalisation:						
	5.1	5.1 Name and address of employer:						
	5.2	ame of Medical Aid: Plan / Option:						
		Membership no:						
	5.3	Force number(Permanent Force, SA Police, etc.):						
	5.4	Complete the following only if you qualify for special medical tariffs or do not have a medical aid:						
		5.4.1 Occupation:						
		5.4.2 Yearly gross income: Husband: Wife:						
		5.4.3 Number of dependants (including spouse):						
		5.4.4 Age of dependants (excluding spouse):						
	5.5	Residential address of parent/guardian:						
	5.6	Telephone numbers: Home: () Work: ()						
		Cell: () Other: ()						
SIC	GNATI	URE: PARENT/GUARDIAN DATE:						
		• · · · · · · · · · · · · · · · · · · ·						
	A.I. IA 47	nen.						
ΤŊ	MUM	BER:						



I, (names in full)

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parent/quardian of

CONSENT: SCHOOL POLICIES

	ENT/GUARDIAN nature)	LEARNER (Signature)	DATE	
			(PLEASE LIST IN DETAIL)	
		ures, diabetes, etc		
5.				
4.	I grant power of attorities treatment or surgery.	ney to the principal or his/ho	er representative in case of medical	
3.			able to participate in the activities	
2.	I accept that all possible responsible for medical	-	to ensure his/her safety. I will be applicable) in cases of injuries which	
1.	-		my child can participate in the curriculum High School and may also attend relevant	
		CONSENT: EXTRAMURAL		
		AND		
7.	_	support the school and the	e democratically elected governing body Governing Body in all the decisions made	
6.	Undertake to support	the school in the implement g school uniform, school fee	ation of the school rules and es and school attendance.	
5.	•		ge of address or when my child is leaving	
4.	Choose the residential address as domicilium citandi et executandi, and hereby agree to the delivery of all notices and documents to said address.			
3.	•	chool fees as stated in the f	inancial document.	
2.		requirements regarding ad	mission as stipulated in the "ADMISSION	
1.	Declare that the forms true and correct.	as requested have been co	impleted fully and that the particulars are	
	Declare that the forms	as requested have been co	mpleted fully and that the particulars a	



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UNDERTAKING TO PAY STATUTORY OBLIGATION:

1.	I, we (names in full)	, parent(s)/guardian(s) of
		has applied and received online confirmation to be able
	to enrol the mentioned child a	s learner at Rietondale High School.

- 2. I/we hereby certify that I/we am/are the biological/adoptive parents or that I/we have legal custody and/or legal guardianship in respect of the above named learner.
- 3. I/we take note and understand the following:
 - a. In terms of Section 39 of the South African Schools Act, parties are liable to pay compulsory school fees. This is a statutory obligation. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
 - b. The responsible parties will be liable for the timeous and full payment of school fees as approved by the parents and guardians at the Annual General Parents' Meeting.
 - c. The monthly instalments are to be paid in advance at the Financial Office of Rietondale High School, via EFT or debit order by the 7th of each month. The banking details are: Rietondale High School, ABSA account 050275574.
 - d. The payment options are as follows:

Annually in advance	
Monthly in advance	

- e. Biological/adoptive parents/guardians are jointly and severally liable for the payment of the school fees irrespective of their marital status.
- f. In the event of non-payment of school fees, the school will institute legal action against both parents/guardians irrespective of maintenance and court orders which exist between the parties.
- g. All queries regarding school fees should be addressed in writing to the Financial Office.
- h. If parties are two months in arrears, the full amount of school fees will become due and payable immediately.
- i. In the event of the school having to take legal action for the recovery of school fees, all legal costs, including attorney/client fees and collection costs incurred by the school, will be charged to the parties' accounts.
- j. The school or the School Governing Body reserves the right to request a credit report of the parties liable for the school fees by virtue of the signatures on this contract.
- k. In the event of the school fees being in arrears, the school has the right to list both parties as a default payer at the Credit Bureau.

In the event of legal action being instituted against the parties hereto, the parties:

- consent to the jurisdiction of the Magistrates Court for purposes of any action resulting from this Agreement;
- agree to all costs relating to such action to be on the scale of attorney/client fees;
- consent that judgement be taken against the parties without any further notice to him/her and that an emolument attachment order be granted against the parties' salaries for the outstanding amount;
- each choose domicillium citandi et executandi for all purposes hereunder at their respective physical addresses stated in the information section. Any written notice or communication shall be deemed to have been received by the addressee on the fifth day following the date of posting thereof by prepaid registered mail or on the date of delivery if delivered by hand.

The parties hereto bind themselves jointly and severally.

EXEMPTION

Parties who wish to apply for exemption must personally collect the application forms from the Financial Office and personally return them. Any application for exemption from the payment of school fees must be submitted in writing together with all supporting documentation, to the Financial Office. An application for exemption is subject to review on a quarterly basis. A party who is dissatisfied with the decision referred to in regulation 6(1) may, in writing and within 30 days after receipt of the notification of that decision, appeal to the Chairperson of the School Governing Body.

The Governing Body has the right to investigate an applicant's financial position.

Until exemption (total or part) is granted, the parties remain liable for full payment of school fees.

DETAILS OF PERSON(S) RESPONSIBLE FOR THE ACCOUNT (BOTH PARENTS/GUARDIANS): PARENT/GUARDIAN 1:

Surname:	E-mail address:	
Title:	Tel no (home):	
Full names:	Tel no (work):	
Occupation:	Cell no:	
Employer:	Home address:	
Work address:		
	Relationship to learner:	
Signature:	Date:	
PARENT/GUA	ARDIAN 2:	
Surname:	E-mail address:	
Title:	Tel no (home):	
Full names:	Tel no (work):	
Occupation:	Cell no:	
Employer:	Home address:	
Work address:		
	Relationship to learner:	
Signature:	Date:	