



# RIETONDALE HIGH SCHOOL

Private bag X06, Gezina, 0031  
Tel: 012 329 0574

E-mail: admin@rietondalehs.co.za  
Website: www.rietondalehs.co.za

## APPLICATION FOR ENROLLMENT GR 9 - 11

LEARNER NAME & SURNAME: \_\_\_\_\_

FOR OFFICE USE				PHOTO
Waiting list no:		Register class:		
Signature:		Admission no:		
Enrolment date:		Family code:		

### ADMISSION REQUIREMENTS

1. The medium of instruction is English. Learners must provide proof that they are fluent in English Home Language and Afrikaans First Additional Language.
2. No entry test will be written.
3. Learners who permanently reside in the area for which the School is the nearest suitable school, will be given preference.  
\* IF SPACE PERMITS, following the application of this criteria, preference will be given to learners whose parents work in the direct area of the school (proof has to be supplied) followed by siblings.
4. A learner may appeal if his/her application is turned down (Schools Act section 5(9) 1996).
5. Learners must meet the age requirements as determined by the Gauteng Department of Education for each grade.
6. The compulsory school fees, which are determined by the Governing Body, should be paid as stipulated.
7. The completed form, together with all the requested supportive documentation must be handed in at security.
8. Effective communication with you is a priority for us. We make use of the d6 Connect App. This application simplifies communication and enables us to share relevant important notices/announcements, resources and calendar events. We will also be able to notify of any absenteeism and misconduct with regards to your child.

#### NB: Kindly attach the following documentation:

- Proof of residential address (**original/certified copy of municipal account OR formal lease agreement**)
- Certified copy** of learner's original **unabridged birth certificate**;
- Latest school report** (Original/certified copy).
- Certified copies of both parents'/guardians' identity documents**;
- Transfer card from previous school (only when approved);
- Proof of employment on an original letterhead if you **work** in the area.
- Learners with immigrant status** must also provide the following **certified documentation**: study permit; parents' ID documents; parents' work permit; **If documentation is not available** submit proof that he or she has applied for the necessary documentation.
- In case of foster care, a copy of the court order;
- In case of divorce, a copy of the court order indicating guardianship.

**Please note that the application will only be processed if ALL of the above documents have been submitted.**

*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 issued thereafter.*



# RIETONDALE HIGH SCHOOL

## ENROLMENT FORM – 2025

PLEASE COMPLETE WITH A BLACK PEN

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

Yes

No

Name of sibling(s) in the school: \_\_\_\_\_

### LEARNER INFORMATION

Full names \_\_\_\_\_

Surname \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yy)

Nationality  RSA  Other

ID no 

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Passport number \_\_\_\_\_

Asylum seeker?  Yes  No

Permit no \_\_\_\_\_

Permit expiry date \_\_\_\_\_

Religious denomination \_\_\_\_\_

Gender \_\_\_\_\_

Ethnic group \_\_\_\_\_

Home language \_\_\_\_\_

Preferred language \_\_\_\_\_

Dexterity  Right-handed  Left-handed

Learner's mobile no \_\_\_\_\_

Learner's email \_\_\_\_\_

Residential address \_\_\_\_\_

### NEXT OF KIN

Name	
Surname	
Contact number	
Relationship	
<b>AND / OR</b>	
Name	
Surname	
Contact number	
Relationship	

### FAMILY INFORMATION

	Both parents	Single parent - Unmarried
	Foster care	Single parent - Divorced
	Children's home	Recomposed
	Widow/Widower	Other
	Mother deceased	Father deceased

### LEARNER HEALTH INFORMATION

Chronic disease(s)	
Allergies	
Medication	

### MEDICAL AID INFORMATION

Name	
Tel no	
Member number	
Primary member	

### FAMILY DOCTOR INFORMATION

Name	
Tel no	
Address	

### INFORMATION OF PRIMARY/PREVIOUS SCHOOL

Previous school	
Tel no	
Address	
Highest grade passed	

**BIOLOGICAL PARENT 1 / LEGAL GUARDIAN 1 INFORMATION (FATHER)**

Title \_\_\_\_\_

Full names \_\_\_\_\_

Surname \_\_\_\_\_

Initials \_\_\_\_\_

Preferred name \_\_\_\_\_

Marital status \_\_\_\_\_

Nationality \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yy)

ID no 

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Passport no \_\_\_\_\_

Asylum seeker? \_\_\_\_\_

Permit no \_\_\_\_\_

Permit expiry date \_\_\_\_\_

Gender \_\_\_\_\_

Home language \_\_\_\_\_

Communication preference  SMS  E-mail

Mobile no \_\_\_\_\_

Home no \_\_\_\_\_

E-mail \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OCCUPATION INFORMATION**

Occupation status  Contract worker

Full time employed

Housewife

Part-time employed

Pensioner

Self-employed non-professional

Own-employed professional

Student

Temporary employment

Unemployed

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work tel no \_\_\_\_\_

Employer address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does learner live with parent?  Yes  No

**BIOLOGICAL PARENT 2 / LEGAL GUARDIAN 2 INFORMATION (MOTHER)**

Title \_\_\_\_\_

Full names \_\_\_\_\_

Surname \_\_\_\_\_

Initials \_\_\_\_\_

Preferred name \_\_\_\_\_

Marital status \_\_\_\_\_

Nationality \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yy)

ID no 

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Passport no \_\_\_\_\_

Asylum seeker? \_\_\_\_\_

Permit no \_\_\_\_\_

Permit expiry date \_\_\_\_\_

Gender \_\_\_\_\_

Home language \_\_\_\_\_

Communication preference  SMS  E-mail

Mobile no \_\_\_\_\_

Home no \_\_\_\_\_

E-mail \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OCCUPATION INFORMATION**

Occupation status  Contract worker

Full time employed

Housewife

Part-time employed

Pensioner

Self-employed non-professional

Own-employed professional

Student

Temporary employment

Unemployed

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work tel no \_\_\_\_\_

Employer address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does learner live with parent?  Yes  No



## 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.
  - c. 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. The school may not distribute or otherwise publish any of your personal information in its possession, unless you give your consent, in writing, to the school that it may do so. Should this be the case, the school may only distribute or otherwise publish the information specified in your consent to the people and for the purpose stated in your written consent.

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**NAME OF CHILD**

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**NAME OF PARENT/GUARDIAN**

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**SIGNATURE OF PARENT/GUARDIAN**

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**DATE**



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RHS 32

## INDEMNITY FORM

### EXTRA-CURRICULAR ACTIVITIES

1. I, \_\_\_\_\_ (full name and surname),  
parent/guardian of \_\_\_\_\_  
ID \_\_\_\_\_ full name and surname and ID-number of learner), hereby give permission that  
he/she 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 request the responsible persons to pay special attention to the following: (Name any illness or  
condition e.g. allergies, asthma, epilepsy, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. The following information is required in the event of medical treatment or hospitalisation:
  - 5.1 Name and address of employer: \_\_\_\_\_
  - 5.2 Name of Medical Aid: \_\_\_\_\_ Plan / Option: \_\_\_\_\_  
Membership no: \_\_\_\_\_
  - 5.3 Force number(Permanent Force, SA Police, etc.): \_\_\_\_\_

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  - 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): \_\_\_\_\_

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  - 5.5 Residential address of parent/guardian: \_\_\_\_\_
  - 5.6 Telephone numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

**SIGNATURE: PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_







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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 as 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/GUARDIAN 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:	

## GRADE 10-11 SUBJECT PACKAGE SELECTION – 2025

<b>A1 COMPULSORY</b>			
<b>A2 MAKE A SELECTION</b>			
<b>A3 COMPULSORY</b>			
<b>A1</b>	<b>ENGLISH HOME LANGUAGE</b>	1. ENG HOME LANG	√
		2. AFR FAL	
<b>A2</b>	<b>MATHEMATICS</b>	1. MATHEMATICS	
		2. MATH LITERACY	
<b>A3</b>	<b>LIFE ORIENTATION</b>	COMPULSORY	√

\*All subjects contribute to ATP score except Life Orientation.

<b>SELECT PACKAGE</b>			
<b>THEN SELECT 3 SUBJECTS WITHIN PACKAGE</b>			
<b>B1</b>	<b>ARCHITECTURE, FINE ARTS AND DESIGN</b>	1. VISUAL ARTS	
		2. DRAMA	
		3. EGD	
		4. CAT	
		5. GEOGRAPHY	
		6. TOURISM	
<b>B2</b>	<b>BUSINESS, COMMERCE AND MANAGEMENT STUDIES</b>	1. ACCOUNTING	
		2. ECONOMICS	
		3. BUSINESS STUDIES	
		4. CAT	
<b>B3</b>	<b>BUILDING AND ENGINEERING SCIENCES</b>	1. PHYSICAL SCIENCES	*MATHS COMPULSORY IF PHYS. SCIENCES SELECTED
		2. GEOGRAPHY	
		3. EGD	
		4. ACCOUNTING	
		5. VISUAL ARTS	
<b>B4</b>	<b>MEDICAL, HEALTH AND FOOD SCIENCES</b>	1. PHYSICAL SCIENCES	*MATHS COMPULSORY IF PHYS. SCIENCES SELECTED
		2. LIFE SCIENCES	
		3. HOSPITALITY STUDIES	
		4. GEOGRAPHY	
		5. CAT	
<b>B5</b>	<b>HOSPITALITY INDUSTRY, EDUCATION, LAW, FOOD INDUSTRY AND HUMANITIES</b>	1. BUSINESS STUDIES	
		2. HOSPITALITY STUDIES	
		3. TOURISM	
		4. CAT	
		5. LIFE SCIENCES	
		6. GEOGRAPHY	
REFER ALL ENQUIRIES TO: <a href="mailto:ksenne@rietondalehs.co.za">ksenne@rietondalehs.co.za</a>			