



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

LEARNER NAME & SURNAME: _____

Departmental reference number (Grade 8) : _____

PHOTO

| FOR OFFICE USE | | |
|-----------------|--------------|--|
| Signature: | Learner no: | |
| Enrolment date: | Family code: | |

ADMISSION REQUIREMENTS

1. When a learner applies to be admitted to the school for the first time, the parent/guardian of said learner must complete the application for enrolment form and submit it personally to the office. All learners must re-register annually.
2. **Grade 8 applications**, must first be submitted online (www.gdeadmissions.gov.za). If successful in completing an online application and having received a reference number and sms, then only complete the school application form, downloaded from the school's website. The completed form, together with all the requested supportive documentation must be emailed to admin@rietondalehs.co.za.

OTHER APPLICATIONS GRADE 9 - 12

3. The medium of instruction is English. Learners must provide proof that they are fluent in English Home Language and Afrikaans First Additional Language.
4. No entry test will be written.
5. Learners who permanently reside in the area for which the School (List A) 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.
6. A learner may appeal if his/her application is turned down (Schools Act section 5(9) 1996).
7. Learners must meet the age requirements as determined by the Gauteng Department of Education for each grade.
8. The compulsory school fees, which are determined by the Governing Body, should be paid as stipulated.

NB: Kindly attach the following documentation:

- Proof of residential address (e.g. **original/certified copy** of municipal account, formal lease agreement, **original bank account statement** which reflects the applicant's physical address.
- **Certified copy** of learner's original unabridged birth certificate;
- **Latest school report (Original/certified copy).**
- **Certified copies of both parents/guardian's identity documents;**
- Transfer document 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.

Please email all documents to the following email address: Gr 12 - hboshoff@rietondalehs.co.za Gr 9 - admin@rietondalehs.co.za
Gr 11 - dschnetler@rietondalehs.co.za Gr 8 - admin@rietondalehs.co.za
Gr 10 - dschnetler@rietondalehs.co.za

APPLICATION FOR ADMISSION TO SCHOOL

Note: This form must be completed in full. All changes to be initialed or signed by parent / guardian. Completing the form does not necessarily mean that the learner has been accepted into the school.

| | | | | | | | |
|--------------------|--|-----------------------|--|-----------------------------|--|---------------|--|
| Grade Applied For: | | Highest Grade Passed: | | Year When Grade was passed: | | Accession No: | |
|--------------------|--|-----------------------|--|-----------------------------|--|---------------|--|

| | | | | | |
|----------|--|-----------|--|------------|--|
| Surname: | | Initials: | | Nick Name: | |
|----------|--|-----------|--|------------|--|

| | | | |
|-------------|--|--------------|--|
| First Name: | | Other Names: | |
|-------------|--|--------------|--|

| | | | | | |
|---------------------|--|----|--|----|--|
| Date Of Birth: YYYY | | MM | | DD | |
|---------------------|--|----|--|----|--|

| | | | | |
|---------|-------|--|---------|--|
| Gender: | Male: | | Female: | |
|---------|-------|--|---------|--|

| | |
|-------|--|
| Race: | |
|-------|--|

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|--|--|
| Country of Residence: | |
| If SA, indicate province of residence: | |

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|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Identification or Passport No: | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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|--------------|--|
| Citizenship: | |
|--------------|--|

| | |
|-------------------|--|
| Physical Address: | |
|-------------------|--|

| | | |
|-----------------|--|--|
| Home Telephone: | | |
|-----------------|--|--|

| | | |
|----------------------|--|--|
| Emergency Telephone: | | |
|----------------------|--|--|

| | |
|-------------|--|
| City/Suburb | |
|-------------|--|

| | |
|---------------|--|
| Learner Cell: | |
|---------------|--|

| | | | |
|-------|--|------------------------|--|
| Code: | | Learner Email Address: | |
|-------|--|------------------------|--|

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|----------------|--|------------------------------------|--|
| Home Language: | | Preferred Language of Instruction: | |
|----------------|--|------------------------------------|--|

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|---------|-----|--|----|--|
| Boarder | Yes | | No | |
|---------|-----|--|----|--|

| | | | | | | | | |
|-----------------|--------|--|--------|--|------|--|--------------------|--|
| Deceased Parent | Mother | | Father | | Both | | Mode of transport: | |
|-----------------|--------|--|--------|--|------|--|--------------------|--|

| | | | | | | | | | |
|-----------|--|-------------------|---------------------------------|------|--|------------|--|--------|--|
| Religion: | | For Grade 1 only: | Indicate pre-primary education: | None | | Non Formal | | Formal | |
|-----------|--|-------------------|---------------------------------|------|--|------------|--|--------|--|

Previous School Information

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|--------------------------|--|
| Name of Previous School: | |
|--------------------------|--|

| | |
|--------------------------|--|
| Previous School Address: | |
|--------------------------|--|

| | | | | | |
|-------|--|-----------|--|----------|--|
| Code: | | Province: | | Country: | |
|-------|--|-----------|--|----------|--|

Learner Medical Information:

| | | | |
|---------------------|--|-------------------|--|
| Medical Aid Number: | | Medical Aid Name: | |
|---------------------|--|-------------------|--|

| | | | |
|--------------------------|--|--------------|--|
| Medical Aid Main Member: | | Doctor Name: | |
|--------------------------|--|--------------|--|

| | | | |
|-------------------|--|---------------------------|--|
| Doctor's Address: | | Doctor Telephone Number:: | |
|-------------------|--|---------------------------|--|

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|--------------------|--|
| Medical Condition: | |
|--------------------|--|

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| Special Problems Requiring Counseling: | |
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|-----------------------|--|---------------|--|--------------|--|---------------|--|--|
| Dexterity of Learner: | | Right Handed: | | Left Handed: | | Ambidextrous: | | |
|-----------------------|--|---------------|--|--------------|--|---------------|--|--|

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|-------------------|-----|-----|
| Reg. Social Grant | YES | NO: |
| Rec. Social Grant | YES | NO: |

APPLICATION FOR ADMISSION TO SCHOOL

| | | | |
|--|----------------------|-------------------------------------|----------------------|
| Siblings: | | | |
| Number of other Children at this school: | <input type="text"/> | Position in the family (e.g first): | <input type="text"/> |
| Please supply full names below: | | | |
| Name: | <input type="text"/> | Grade: | <input type="text"/> |
| Name: | <input type="text"/> | Grade: | <input type="text"/> |
| Name: | <input type="text"/> | Grade: | <input type="text"/> |

| | | | | | | | |
|--------------------------------------|----------------------|---|--------------------------------|----------------------------------|------------------------------|-----------------------------|----------------------|
| Parent / Guardian Information | | Complete a SEPARATE parent form for each parent living at a different physical address | | | | | |
| Title: | <input type="text"/> | Initials: | <input type="text"/> | Surname: | <input type="text"/> | | |
| First Name: | <input type="text"/> | Gender: | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> | | | |
| Home Language: | <input type="text"/> | Race: | <input type="text"/> | | | | |
| Identification Number: | <input type="text"/> | Or Passport number | <input type="checkbox"/> | Account Payer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Residential Street Address: | | | | | | | |
| | | | | City/Suburb | <input type="text"/> | Code: | <input type="text"/> |
| Occupation: | <input type="text"/> | Employer: | <input type="text"/> | | | | |
| Surname of Spouse: | <input type="text"/> | First Name: | <input type="text"/> | | | | |
| Occupation of Spouse: | <input type="text"/> | Learner resides with this parent/s | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Spouse ID Number: | <input type="text"/> | Relationship to Learner: | <input type="text"/> | | | | |
| Marital status of parent: | | | | | | | |

| | | | |
|-------------------------------|----------------------|--------------|----------------------|
| Correspondence Details | | | |
| Title: | <input type="text"/> | Surname: | <input type="text"/> |
| Postal Address: | | | |
| | | City/Suburb: | <input type="text"/> |
| | | Code: | <input type="text"/> |

| | |
|-------------------------------|----------------------|
| Other Contact Details | |
| Home Telephone Number: | <input type="text"/> |
| Fax Number : | <input type="text"/> |
| Spouse Work Telephone Number: | <input type="text"/> |
| E-Mail Address: | <input type="text"/> |
| Home Telephone Number: | <input type="text"/> |
| Cell Number: | <input type="text"/> |
| Spouse Cell Number: | <input type="text"/> |
| Spouse E-Mail Address: | <input type="text"/> |

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Parent / Guardian (Please Print): _____

Signature of Parent / Guardian : _____

Date: ____/____/____

| | | | |
|---|--------------------------|---|--------------------------|
| Office use only: | | | |
| 1. Date: | <input type="text"/> | 2. Accepted: | <input type="checkbox"/> |
| 4. Rejected: | <input type="checkbox"/> | 5. Reason for Rejection: | <input type="text"/> |
| 6. Documentation Received: | <input type="checkbox"/> | 6a. Immunisation Record: | <input type="checkbox"/> |
| 6c. Progress Report from Previous School: | | 6d. Transfer Letter from Previous School: | |

REGISTRATION FORM

| | | | |
|------------------|--|----------------|--|
| Learner Surname: | | Learner Names: | |
|------------------|--|----------------|--|

Medical Aid Details

| | | | |
|-------------------------|--|---------------------------|--|
| Doctor: | | Telephone number: | |
| Medical Aid: | | Medical aid number: | |
| Main Member: | | | |
| Emergency Contact Name: | | Emergency Contact Number: | |

Person responsible for the account:

| | | | | | |
|---------------------|--|-------------|----------------|-------|--|
| Surname: | | Full Names: | | | |
| ID Number: | | | | | |
| Residential Address | | | Postal Address | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Employer: | | | | | |
| Home tel: | | Work tel: | | Cell: | |

Signature

Date