

Application for Enrolment



**Roosevelt Extension
Nursery School**

GROWING, HAPPY CHILDREN SINCE 1964

Tel 011 888 5772
secretary@roosevelt.co.za
www.roosevelt.co.za

201 Anton Van Wouw Street PO Box 1397
Roosevelt Park Extension Roosevelt Park
Johannesburg 2195 Johannesburg 2129

I / We, the undersigned, agree to be bound by the constitution of the Roosevelt Extension Nursery School, which is subject to change from time to time.

I / We further request enrolment of the child listed on page 2 on the waiting list for admission to the school as and when possible in accordance with the decision of the Governing Body and tender payment herewith the amount of R 100.00 per child.

I / We agree to pay a NON REFUNDABLE Registration Fee of R 400.00 per child within 14 days of being advised of the acceptance for admission to the Nursery School of my / our child / children.

I / We agree to pay a Maintenance Levy as set out in the fees schedule, which is subject to change from time to time.

I / We agree to pay the school/aftercare/holiday care fees in advance as set out in the Fees schedule, which are subject to change from time to time.

I / We understand that a MONTH'S NOTICE IN WRITING must be given on my / our child / children leaving the school and FAILING TO GIVE NOTICE AGREE TO PAY A FULL MONTH'S FEES in lieu thereof.

I / We agree that in the event of the School not being able to contact me / us that I / We empower a staff member to act in loco parentis if an emergency should arise.

I / We give permission for my / our child / children to attend all outside activities organized by the school.

I / We understand and accept that the school cannot be held liable for any damage or loss to person or property which is not caused by negligence of a staff member.

I / We agree to abide by the school rules, which are subject to change from time to time.

I / We choose the residential address/es described under "Parent Details" below as my / our *domicilium citandi et executandi*

I / We agree to abide by the principal's decision as to the class/ group in which my / our child/ren is/are placed.

I / We hereby acknowledge that I / We have read and understood the conditions and obligations of application and enrolment.

NAME OF PARENT..... (Please print) SIGNATURE

NAME OF PARENT..... (Please print) SIGNATURE.....

DATE OF APPLICATION START DATE:

DAYS ATTENDING 07h30 to 13h00

AFTERCARE: 13h00 to 15h30 13h00 to 17h30 (YES or NO)

HOLIDAY CARE: 07h30 to 13h00..... 07h30 to 15h30 07h30 to 17h30 (YES or NO)

CHILD'S DETAILS

DATE OF BIRTH : ___/___/_____ (dd/mm/yr) **ATTACH CERTIFIED ORIGINAL COPY OF BIRTH CERTIFICATE**

GENDER: Male / Female (circle applicable gender)

SURNAME: _____

FIRST NAMES: _____ NICKNAME: _____

RESIDENTIAL ADDRESS _____

_____ CODE _____

POSTAL ADDRESS _____

_____ CODE _____

PREVIOUS SCHOOL: _____

OTHER SIBLINGS (please include names and ages) 1. _____

2. _____ 3. _____

NATIONALITY OF CHILD: _____

HOME LANGUAGE OF CHILD: _____

MEDICAL DETAILS

DOCTOR'S NAME: _____ FILE NO. _____

TELEPHONE No. _____

PHYSICAL ADDRESS _____

MEDICAL AID: _____

MEDICAL AID No. : _____ **(ATTACH COPY OF MEDICAL AID CARD)**

Please state any allergies or other medical conditions you as parent / guardian are aware of

IMMUNIZATIONS **(ATTACH CERTIFIED ORIGINAL COPY OF IMMUNISATION CARD)**

PARENT DETAILS – (PLEASE PRINT)

Father / Guardian - Title: _____

Mother / Guardian - Title: _____

ATTACH CERTIFIED ORIGINAL COPY OF IDENTITY DOCUMENTS / PASSPORTS FOR BOTH PARENTS
ATTACH CERTIFIED ORIGINAL COPY OF PROOF OF RESIDENTIAL ADDRESS (FOR BOTH PARENTS IF IT DIFFERS)

SURNAME: _____	SURNAME: _____
FULL NAMES: _____	FULL NAMES: _____
I.D. NUMBER: _____	I.D. NUMBER: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
OCCUPATION: _____	OCCUPATION: _____
COMPANY: _____	COMPANY: _____
WORK ADDRESS: _____ _____	WORK ADDRESS: _____ _____
TEL No(W): _____	TEL No(W): _____
TEL No (H): _____	TEL No (H): _____
CELL No: _____	CELL No: _____
EMAIL: _____	EMAIL: _____
RESIDENTIAL ADDRESS: _____ _____	RESIDENTIAL ADDRESS: _____ _____
POSTAL CODE: _____	POSTAL CODE: _____
POSTAL ADDRESS: _____ _____	POSTAL ADDRESS: _____ _____
POSTAL CODE: _____	POSTAL CODE: _____
MARITAL STATUES: _____	MARITAL STATUES: _____

PLEASE TICK THE ACTIVITIES WHICH YOU WOULD BE ABLE TO ASSIST WITH

HOT DOGS THURSDAYS		LIBRARY (THURS/FRI)	
TUCK SHOP FRIDAYS		CATERING	
MAINTENANCE		GOVERNING BODY	
TRANSPORT TO EXTERNAL VENUES		SEWING	
PARTY VENUE			

HOW DID YOU HEAR ABOUT ROOSEVELT EXTENSION NURSERY SCHOOL?

LIST THE PEOPLE WHO MAY COLLECT YOUR CHILD FROM SCHOOL

NAME	RELATION TO CHILD	CONTACT NUMBER

ANY OTHER INFORMATION YOU FEEL THE SCHOOL SHOULD KNOW

Checklist

Documents to Accompany Application for Enrolment

Certified Original Copy of Birth Certificate	
Certified Original Copy of Immunisation (Clinic) Card	
Certified Original Copy of Mother's Identity Document	
Certified Original Copy of Father's Identity Document	
Certified Original Copy of Proof of Residence	
Copy of Medical Aid Card	