

# Application for Enrolment



**Roosevelt Extension  
Nursery School**

**GROWING, HAPPY CHILDREN SINCE 1964**

Tel 011 888 5772  
081 091 5795  
secretary@roosevelt.

201 Anton Van Wouw Street  
Roosevelt Park Extension  
Johannesburg, 2195

PO Box 1397  
Roosevelt Park  
2129

I / We, the undersigned, agree to be bound by the constitution of the Roosevelt Extension Nursery School (RENS), 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/aftercare/holiday care as and when possible in accordance with the decision of the Governing Body and tender payment herewith the amount of R165.00 per child.

I / We agree to pay a NON REFUNDABLE Registration Fee of R495.00 per child within 14 days of being advised of the acceptance for admission to the Nursery School/aftercare/holiday care of my / our child / children.

I / We agree to pay the annual Maintenance Levy, and the school/aftercare/holiday care fees in advance, as set out in the fees schedule, which is 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 installment 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 consent to our child/ren's photo and/or name being published in school and public media.

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 as per the displayed disclaimer boards.

I / We agree to abide by the School Rules and Policies, 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 give consent for RENS to process my/our personal data and information, and to receive electronic communication from RENS for the purpose of rendering services in compliance with the Protection of Personal Information Act of 2013 ("POPIA")

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: .....

State DAYS ATTENDING 07h30 to 13h00 .....

AFTERCARE: 13h00 to 15h30 ..... 13h00 to 17h00 ..... (YES or NO or N/A)

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

**CHILD'S DETAILS**

DATE OF BIRTH : \_\_\_/\_\_\_/\_\_\_ (dd/mm/yr) IDENTITY NUMBER: \_\_\_\_\_

**ATTACH CERTIFIED ORIGINAL COPY OF BIRTH CERTIFICATE**

SEX: Male / Female (circle applicable gender)

SURNAME: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ KNOWN AS: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ CODE \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

OTHER SIBLINGS (please include names and ages) 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

NATIONALITY OF CHILD: (e.g. South African) \_\_\_\_\_

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/GUARDIAN DETAILS – (PLEASE PRINT)**

**Father** / Guardian - Title: \_\_\_\_\_

**Mother** / Guardian - Title: \_\_\_\_\_

SURNAME: _____	SURNAME: _____
FULL NAMES: _____	FULL NAMES: _____
Known As: _____	Known as: _____
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 STATUS: _____	MARITAL STATUS: _____

- **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)**

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

MAINTENANCE		GOVERNING BODY	
TRANSPORT TO EXTERNAL VENUES		SEWING	
PARTY VENUE		CATERING	

**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	