RIETONDALE PRIMARY SCHOOL

10 Nuffield Street, Rietondale Tel : (012)329-2090 Email : info@rietondaleprimary.co.za

APPLICATION FORM – 2027

Please complete with a black pen

Do you have any learners currently in this School? Yes / No

Name of other learner(s) : _____ **Grade :** ____

_____ **Grade :** ____

LEARNER INFORMATION

LEARNER

Full names : _____

Surname : _____

Preferred name : _____

Date of birth : _____

ID number : _____

Nationality : ☐ RSA ☐ Other : _____

☐ Permanent Residence Permit ☐ Work Permit

☐ Study Permit ☐ Refugee Permit ☐ Asylum Seeker

Gender : ☐ Male ☐ Female ☐ Other

Ethnic group : _____

Home language :

☐ Afrikaans ☐ English ☐ Other : _____

Learner's language preference :

☐ Afrikaans ☐ English ☐ Other : _____

Admission date : _____

Grade in **2027**: _____

Pre-primary education attended : ☐ Formal ☐ Informal

FAMILY INFORMATION

Family status : ☐ Both parents ☐ Foster care

☐ Single parent – unmarried ☐ Single parent - divorced

☐ Childrens home ☐ Re-composed ☐ Widow/Widower

☐ Other

Parents deceased : ☐ Mother ☐ Father ☐ None

LEARNER HEALTH INFORMATION

Chronic diseases : _____

Allergies : _____

Medication : _____

MEDICAL AID INFORMATION :

Name : _____

Telephone number : _____

Member number : _____

Primary member : _____

NEXT OF KIN INFORMATION (Not parents) (Compulsory)

Name : _____

Contact number : _____

Alternative contact number : _____

Relation : _____

INFORMATION ON PREVIOUS SCHOOL/ PLAY GROUP / NURSERY : (Compulsary)

First registration of learner in Gauteng : **Yes** / **No**

Learner attended school last year : **Yes** / **No**

If yes, in which Province/Country : _____

Previous school : _____

Telephone number : _____

Email address : _____

Address : _____

_____

Province : _____

Highest grade in previous school : _____

Reason for leaving the school : _____

_____

METHOD OF TRANSPORT :

Private ☐ Taxi ☐ Bus ☐

Taxi/Bus registration number :

_____

Name of driver : _____

Contact number : _____

OFFICE USE ONLY

Family code : _____ Waiting list : **A** / **B**

Register class : _____

Number on waiting list : _____

Admission number : _____

PARENT / GUARDIAN 1 INFORMATION

Title : _____

Full names : _____

Surname : _____

Initials : _____

Nick name : _____

ID number : _____

☐ Permanent Residence Permit ☐ Work Permit

☐ Study Permit ☐ Refugee Permit

☐ Asylum Seeker Permit

Home language :

☐ Afrikaans ☐ English ☐ Other : _____

Communication preference : ☐ SMS ☐ E-mail

Language preference : _____

Cell phone number : _____

E-mail : _____

Residential address : _____

_____

Postal address : _____

_____

Occupation status : ☐ Own Employer ☐ Temporary

☐ Full time ☐ Unemployed

Occupation : _____

Employer : _____

Work telephone number : _____

Employer physical address : _____

_____

_____

Is the learner living with this parent? Yes No

_____ _____

SIGNATURE DATE

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2 INFORMATION

Title : _____

Full names : _____

Surname : _____

Initials : _____

Nick name : _____

ID number : _____

☐ Permanent Residence Permit ☐ Work Permit

☐ Study Permit ☐ Refugee Permit

☐ Asylum Seeker Permit

Home language :

☐ Afrikaans ☐ English ☐ Other : _____

Communication preference : ☐ SMS ☐ E-mail

Language preference : _____

Cell phone number : _____

E-mail : _____

Residential address : _____

_____

Postal address : _____

_____

Occupation status : ☐ Own Employer ☐ Temporary

☐ Full time ☐ Unemployed

Occupation : _____

Employer : _____

Work telephone number : _____

Employer physical address : _____

_____

_____

Is the learner living with this parent? Yes No

_____ _____

SIGNATURE DATE

PARENT / GUARDIAN 2

ACCOUNTABLE PERSON'S INFORMATION

☐ Parent 1 ☐ Parent 2 ☐ Other

Only if 'Other', please complete section A or B below :

A. INDIVIDUAL

Title : _____

Full names : _____

Surname : _____

Initials : _____

Nick name : _____

ID number : _____

☐ Permanent Residence Permit ☐ Work Permit

☐ Study Permit ☐ Refugee Permit

☐ Asylum Seeker

Home language :

☐ Afrikaans ☐ English ☐ Other : _____

Communication preference : ☐ SMS ☐ E-mail

Language preference : _____

Cell phone number : _____

Telephone number : _____

E-mail : _____

Residential address : _____

_____

_____

Postal address : _____

_____

_____

B. COMPANY / CLOSED CORPORATION / TRUST

Title : _____

Names : _____

Registration number : _____

Language preference : _____

Contact number : _____

E-mail : _____

Business address : _____

_____

_____

Postal address : _____

_____

_____

PARENT / GUARDIAN DECLARATION

I hereby declare that all information provided in this application is true, correct and complete. I understand that any false, misleading or incorrect information or documentation submitted may result in the application being declared invalid, rejected or disqualified.

Parent / Guardian Full Name : _____

_____ SIGNATURE

_____ DATE

PERMISSION FROM PARENTS
Please note

1. I/We, being the parent/s or legal guardian/s of the learner, ☐consent / ☐do not consent to:

   1.1 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 education legislation and policies; and

   1.2 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 at 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 education legislation and policies.

   1.3 **the inclusion of photographs, with or without names, of your child in School newsletters/publications/website/D6 Gallery/ClassDojo, or in press releases to celebrate the school's or your child's activities, achievements or successes.**

   1.4 providing 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 provided 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.

   1.5 the School communicating with me/us via electronic means such as Email, SMS, D6 Communicator or ClassDojo 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 on the School's website, alternatively upon request to the School. I/We also confirm that I/we am/are aware that my /our right with regard to the protection of my/our 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/we 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.

_____
CHILD'S NAME AND SURNAME

PARENT 1 NAME	PARENT 1 SIGNATURE	DATE
PARENT 2 NAME	PARENT 2 SIGNATURE	DATE

STATUTORY OBLIGATION TO PAY SCHOOL FEES – 2027

I/We, the undersigned, declare the following personal particulars to be true in every respect.
I/We undertake to inform Rietondale Primary School **promptly** if any changes occur.
I/We undertake to adhere to terms and conditions of this agreement.
I/We hereby certify that I/we am/are the biological/adoptive parent/s or that I/we have legal custody and/or legal guardianship in respect of the named learner.

1. **PARENT RESPONSIBLE FOR PAYING COMPULSORY SCHOOL FEES**
(These details must be provided even if the other parent won't be signing the form)

Mother:		Father:	
Surname:	_____	Surname:	_____
First Names:	_____	First Names:	_____
Home Address:	_____	Home Address:	_____
Code:	_____	Code:	_____
Cell No.	_____	Cell No.	_____
E-mail:	_____	E-mail:	_____

The parent/s chose both their physical address specified as their residential address AND their email address/es contained in this document as their chosen legal domicile for service of all legal notices and processes. They will advise the school in writing of any new addresses or emails, which will then become their new legal domicile.

2. **MATRIMONIAL STATUS**

Please mark the correct status with an X

2.1	Married	o	2.3	Separated	o	2.5	Life Partners	o
2.2	Divorced	o	2.4	Single	o	2.6	Widow / Widower	o

3. **I / WE HEREBY STATE AS FOLLOWS AND UNDERTAKE TO ADHERE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT AND UNDERSTAND THE FOLLOWING:**

a. I / We am /are the person/s responsible for the compulsory school fees of the **following child**:

_____

b. I/We undertake and promise to pay compulsory school fees as determined by the parent body at the School's Annual General Meeting held annually:

c. School fees are payable in advance and are due on the first day of school.

d. The School extends the terms of payment by offering you the options indicated below. Please indicate your choice:

CHOICE	TICK
I / We choose to pay the 2027 fees in advance and in full on or before 31 Dec 2026 to qualify for 10% discount	
I / We choose to pay the 2027 fees in advance and in full on or before 28 February 2027 to qualify for 6% discount	
I / We choose to pay the 2027 fees in advance and in full on or before 30 June 2027 to qualify for 3% discount	
I / We choose to pay the 2027 fees off in 10 monthly equal instalments from 1 January 2027 to 31 October 2027	

(MUST BE COMPLETED)

P. T. O

e. Biological/adoptive parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
f. In terms of Section 39 of the South African Schools Act, parents are liable to pay compulsory school fees.
g. In terms of Section 40 and 41 of the South African Schools Act, the School may enforce the payment of these compulsory fees.
h. If parents are in arrears with one instalment, then the full amount becomes due and payable immediately.
i. In the event of non-payment of school fees, the School will institute legal action against both parents irrespective of maintenance and court orders which may exist between the parties.
j. I / We authorise the School to record our non-performance of our school fee obligations to a credit bureau.
k. The parties to this application undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the School in the event of the School having to take legal action for the recovery of school fees.
l. I / We have been informed that if I / we are unable to pay School fees I / we may apply for exemption of these fees. All decisions concerning exemption applications will be made according to regulations of the Gauteng Department of Education.

4. The School may hold and process by computer or otherwise, any information obtained about parents because of their liability for payment of school fees.

I / We acknowledge that I / we have read and understood the above.

DECLARATION: PARENT 1

I, _____ (Full names), ID No: _____

hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documentation given by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

Signed on this _____ day of _____2026 for 2027

_____
SIGNATURE

DECLARATION: PARENT 2:

I, _____ (Full names), ID No_____

hereby declare that the information which I have recorded in this form is true and correct and by my signature below, I give the Chairman of the School Governing Body or his designate, permission to check and confirm any of the details or documentation given by me. I understand that should any of the information supplied by me be found to be false, action may be taken against me.

Signed on this _____ day of _____2026 for 2027

_____
SIGNATURE