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41 Panorama Drive
Somerset West, 7130

2025

Application for admittance Pre-Primary and Aftercare



Please mark your choice/s: Pre-Primary Lunch	<input type="checkbox"/>	Aftercare half until 15:00 Aftercare full until 17:30	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

GRADE RRR	<input type="checkbox"/>	(born 2021)
GRADE RR:	<input type="checkbox"/>	(born 2020)
GRADE R:	<input type="checkbox"/>	(born 2019)

Recent Face Photo <u>ID sized</u> <u>Compulsory</u>
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Child:

Surname: _____

Birth Name: _____

Name: (Name child will learn to write) _____

Home language: _____ Teaching language (choose between Afr & Eng): _____

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY) Gender: M F

Religion: _____ ID nr: _____ Grade at admittance: _____

Number of children in family: _____ Is your child the 1st, 2nd, 3rd etc. in family? _____

Older Brother(s) / Sister(s) previously in our school? (Name, Surname, Year and Class)

1 _____

2 _____

Emergency numbers:

Name&Surname: _____ (Not Parents)

Tel. nr: () _____ Relationship: _____

Name of previous school: _____

Address of School _____

Tel no. of School _____

Period attended _____

General:

Allergies: _____

Important illnesses / disabilities that the school must know about (eg. asthma, epilepsy etc.)

Illnesses that the child has had: (X where applicable)

Measles	Yes	No
German measles	Yes	No
Whooping cough	Yes	No
Chicken pox	Yes	No
Mumps	Yes	No
Scarlet fever	Yes	No
Diphtheria	Yes	No
Rheumatic fever	Yes	No
Other		

Chronic medication or daily medication that must be taken at school (eg. Insulin)

Operations that child had: (type and date)

Any evaluations or support: (eg. Occupational-, Speech- or Physiotherapy, Remedial or Psychological help)

State the reason for therapy?

Name and contact number of the therapist

Rooha retains the right to request that a child leaves the school due to aggressive behaviour that might affect the wellbeing of other children, as well as in the event of false information provided by the parents.

Toilet routine: Any problems?

Yes	No
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If yes, explain: _____

Problem with the following:

	Detail:	
Hearing	Yes	No
Eyes	Yes	No
Speech	Yes	No
Teeth	Yes	No

Age that learner started to:

Crawl _____
Walk _____
Talk _____

Any problems during pregnancy or birth?

Yes	No
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If yes, explain: _____

Describe your child's eating and drinking habits:

What time does your child go to sleep? _____

General information regarding family tendencies, disabilities and ailments:

Does she / he play mostly inside / outside? Favourite type of play and with what toys?

Any friends? (State ages)

Stories read at home: (X where applicable)

Many	Few	None
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Interest in music and art:

Music	Art
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Mark personality traits of learner:

Obedient	Extrovert	Loving	Independent
Disobedient	Introvert	Aggressive	Dependent

Other:

Confidence:

Too much	Too little	Enough
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Responds to instructions and reprimands:

Well	Not Well
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Name of Medical Aid: _____

Doctor: _____

Doctor Tel: _____

Any other information that Rooha needs to know about your child:

Please feel free to discuss any changes in behavior, eating habits, sleeping patterns, interest events and small achievements with us.

The selection criteria is confidential and set by Management.

Parents:

The parent / guardian hereby select the following physical address(es) as the parent / guardian domicilium citandi et executandi for all purposes of these Terms and Conditions and for the purpose of the service of any legal documents in terms hereof.

Father *		Mother *	
Name & Surname:		Name & Surname:	
Physical Address*		Physical Address*	
Postal Code:*		Postal Code:*	
Tel:*		Tel:*	
Cell:*		Cell:*	
E-mail:*		E-mail:*	
Postal Address:		Postal Address:	
Postal Code:		Postal Code:	
Occupation:*		Occupation:*	
Work Tel:*		Work Tel:*	
Name of Employer*		Name of Employer*	
Address of Employer*		Address of Employer*	
(X where applicable)			
At which address does the learner live?:*		Father:	Mother:
Marital status of parents:*		Married:	Divorced:
SIGNED AT _____ on this _____ day of _____ 20_____			
ID of Father / Guardian 1:*			
Signature of Father / Guardian 1:*			
ID of Mother / Guardian 2:*			
Signature of Mother / Guardian 2:*			

NB: The following documentation is compulsory and needs to accompany the application form;
***** An ORIGINALLY Certified copy of the child's birth certificate. No emails or copies will be accepted.**
***** A copy of the immunisations on the clinic card.**
***** Copies of identity documents from both parents.**
NB: Fields that are marked with * are compulsory. Please notify us if any of the above details change.
NB: Note that a R1000 non-refundable registration fee is payable within 48 hours of acceptance.
NB: Note that a Security fee of R1100 is payable within 2 months of acceptance.

<u>2024 FEE STRUCTURE TABLE</u>				Payment plans	
Description	Yearly Fee	Monthly	Annually		
		X 12 months	5% discount if settled before 31 January 2024		
Pre-Primary only includes ABC Mouse computer skills; Bodyworx kinetics programme; Music Maestro's for grade R/RR	R 31 104	R 2 592	R 29 549		
Pre-Primary with lunch includes <u>lunch</u> as well as all the above-mentioned activities	R 37 320	R 3 110	R 35 454		
Aftercare full afternoon (After care until 17h30 and sandwich at 15:00)	R 14 904	R 1 242	R 14 159		
Aftercare half afternoon (After care until 15:00 and sandwich at 15:00)	R 9 720	R 810	R 9 234		
Individual lunch meals – (if available and/or as arranged beforehand)	R50 per meal				
Aftercare per hour – (only for emergencies and if arranged beforehand)	R76 per hour				