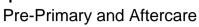
2025

Tel: (021) 852 5633

e-mail: rooha@rooha.co.za

41 Panorama Drive Somerset West, 7130

Application for admittance





Plse. mark your choice/s: Pre-	·	Aftercare hal		
GRADE RRR (born 2021) GRADE RR: (born 2020) GRADE R: (born 2019)	0)		Re	ecent Face Photo ID sized Compulsory
Child: Surname:				<u></u>
Birth Name:		_ _		
Name: (Name child will learn to write)				
Home language:	Teaching lan	guage (choose betw	een Afr & Eng):	
Date of Birth:/	/ (DD/MM/YYY	YY) Gender:	М	F
Religion:	ID nr:		Grade at adm	ittance:
Number of children in family:	Is	your child the 1st, 2r	nd, 3rd etc. in far	nily?
Older Brother(s) / Sister(s) previously 1 2			l Class)	
Emergency numbers:				
Name&Surname:				
Tel. nr: <u>(</u>		Relationship: _		
Name of previous school:				
Address of School				
Tel no. of School Period attended				

General:						
Allergies:						
Important illnesses / disabilities	that the scho	ool must know	about (eg. a	sthma, epilep	sy etc.)	
Illnesses that the child has had	: (X where a	pplicable)				
	Measles	,			Yes	No
	German me	easles			Yes	No
	Whooping of	-			Yes	No
	Chicken po	x			Yes	No
	Mumps Scarlet feve				Yes	No
	Diphtheria	2 1			Yes Yes	No No
	Rheumatic	fever			Yes	No
	Other					
Chronic medication or daily me	dication that	must be taken	at school (e	g. Insulin)		
Operations that child had: (type	e and date)					
Any evaluations or support: (eq	g. Occupatior	nal-, Speech- o	r Physiother	apy, Remedia	l or Psycholo	gical help)
State the reason for therapy?						
Name and contact number of the	ne therapist					
Rooha retains the right to reque wellbeing of other children, as v						might affect the
Toilet routine: Any problems?					Yes	No
If yes, explain:						
Problem with the following:				7	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	y or birth?				Yes	No
If yes, explain:						

Describe your c	hild's eating and	d 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? (S	tate ages)						
Stories read at l	home: (X where	applicable)		Many	Few	None	
Interest in music	c and art:				Music	Art	
Mark personalit	y traits of learne	r:					
Obedient	Extrovert	Loving Independent	Other:				
Disobedient	Introvert	Aggressive Dependent					
Confidence:				Too much	Too little	Enough	
Responds to ins	structions and re	eprimands:			Well	Not Well	
Name of Medica	al Aid:				-		
Doctor:					-		
Doctor Tel:					-		
Any other inform	nation that Rooh	na needs to know about your	child:				
Please feel free achievements w		changes in behavior, eating	habits, slee	eping patterns,	, interest even	ts and small	

The selection criteria is confidential and set by Management.

Parents:

The parent / guardian hereby select the following physi executandi for all purposes of these Terms and Condition in telephones.		nd fo	r the									
Father *	Mother *											
Name & Surname:	Name & Surname:											
Physical Address*	Physical Address*											
Postal Code:*								Post	al Co	de:*		
Tel:*	Tel:	*										
Cell:*	Cell:	.*										
E-mail:*	E-m	ail:*										
Postal Address:	Postal Address:											
Postal Code:								Pos	tal C	ode:		
Occupation:*	Occupation:*											
Work Tel:*	Work Tel:*											
Name of Employer*	Name of Employer*											
Address of Employer*	Address of Employer*											
(X whe	re ap	plical	ole)									
At which address does the learner live?:*	Father: Mother: Both:											
Marital status of parents:*	Mar	ried:			Divo	rced:						
SIGNED AT on t	this _		_ da	y of _	1						_ 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 compulsary 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 compulsary. 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.

2024 FEE STRUCTURE TABLE		Payn	nent plans		
Description	Yearly Fee	Monthly X 12 months	Annually 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 lunch 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				