GRADE RR-7
2026
REGISTRATION FORM

Roosevelt Academy

Pro Honore

ID PHOTO

20 Vanadium Drive, Limpopo, 0380

014 061 0185

061 861 8986

rooseveltprimarythabazimbi@gmail.com

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION FORM

1. LEARNER'S ID PHOTO
2. LEARNER'S BIRTH CERTIFICATE
3. LEARNER'S LATEST SCHOOL REPORT (ORIGINAL)
4. PARENT/GUARDIAN (ACCOUNT HOLDER) PROOF OF RESIDENCE
5. PARENT/GUARDIAN (ACCOUNT HOLDER) COPY OF ID/PASSPORT

Connect with us online

www.rooseveltacademy.co.za

@RooseveltAcademy

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@RooseveltAcadSA

RooseveltAcademySchools

info@rooseveltacademy.co.za

marketing@rooseveltacademy.co.za

LEARNER DETAILS

CHILD FIRST NAMES	
CHILD NICKNAME	
CHILD SURNAME	
GRADE APPLIED FOR	
DATE OF BIRTH	
ID / PASSPORT NUMBER	
PREVIOUS SCHOOL ATTENDED	

ADMISSION NO. (ADMIN)		**ADMISSION DATE (ADMIN)**	
GENDER (M/F)		**ETHNIC GROUP**	
RACE GROUP		**TRANSPORT NUMBER**	
HOME LANGUAGE		**EMERGENCY NUMBER**	
DOCTOR NAME		**TELEPHONE NUMBER**	
MEDICAL AID		**NUMBER**	
ALLERGIES			

PARENT/GUARDIAN TO WHOM ALL CORRESPONDENCE AND ACCOUNTS SHOULD BE SENT:

SURNAME	
FIRST NAMES	
HOME ADDRESS	
POSTAL ADDRESS	
PHONE NUMBER	
E-MAIL ADDRESS	
EMPLOYER	
ID NUMBER	

FAMILY DETAILS

FATHER'S SURNAME	
FATHER'S FULL NAMES	
FATHER'S ID NUMBER	
EMPLOYER	
CELLPHONE NUMBER	
E-MAIL ADDRESS	
IS THE FATHER STILL ALIVE	

MOTHER'S SURNAME	
MOTHER'S FULL NAMES	
MOTHER'S ID NUMBER	
EMPLOYER	
CELLPHONE NUMBER	
E-MAIL ADDRESS	
IS THE MOTHER STILL ALIVE	

HOME LANGUAGE		**RELIGION**	
COUNTRY OF ORIGIN			

CONTACT PERSON (NOT PARENTS OR LIVING WITH FAMILY)

NAME AND SURNAME	
CONTACT NUMBER	
RELATION TO LEARNER	

CRITERIA FOR ADMITTANCE: 2026

This criterion must be followed strictly according to the below ages and dates. No exceptions will be made under any circumstances.

IMPORTANT NOTICE: PREREQUISITES

GRADE	WALK-IN AGE	TURNING AGE 1 JAN - 30 JUN	TURNING AGE 1 JUL - 31 DEC	YEAR OF BIRTH
RR	3	4	5	2021
R	4	5	6	2020
1	5	6	7	2019
2	6	7	8	2018
3	7	8	9	2017
4	8	9	10	2016
5	9	10	11	2015
6	10	11	12	2014
7	11	12	13	2013

1. No learner that has been expelled from any other school will be accepted.
2. The school takes no responsibility regarding studies, bursaries and estates. Parents/Guardians are still liable to pay school fees in advance and claims should be done in a private capacity.
3. School fees must preferably be paid electronically as no cash whatsoever will be accepted.

APPLICANTS WHO DO NOT MEET THE ABOVE-MENTIONED CRITERIA WILL NOT BE ADMITTED TO ROOSEVELT ACADEMY.

FINANCIAL SCHOOL POLICY

SCHOOL FEES PAYMENT OPTION 2026

Non-refundable registration fee of R500 (for all new learners) remains payable to confirm space for your child upon acceptance at Roosevelt Academy.

Non-refundable re-registration fee of R300 (for all current learners) remains payable to confirm space in the new year for your child.

GRADE	MONTHLY	TERMLY	ANNUALLY
RR	R1 500	R4 275	R16 500
R	R1 600	R4 560	R17 600
1-6	R1 700	R4 845	R18 700
7	R1 800	R5 130	R19 800
REGISTRATION	N/A	N/A	R500
RE-REGISTRATION	N/A	N/A	R300

Sundry Charges

- Sundry charges in respect to aftercare, tours, excursions, workshops, unless requested.
- Under no circumstances will any student/learner be allowed on tours or workshops unless tuition fees and levies have been settled.

Sibling Discount

- Only one sibling discount structure applies per family. Siblings must be related by consanguinity or be legally adopted. Discounts are not cumulative.
- Where the year's tuition fees are paid in full by 31st January in the current year and where there are no arrears, a discount of 5% on the full year's tuition fees will be awarded.
- Discount will be allowed to siblings as follows, provided no other rebate, scholarship or bursary has been granted:
  - 2 children enrolled at the school in a particular year: 5% discount on total fees due.
  - 3 children enrolled at the school in a particular year: 10% discount on total fees due.

BANKING DETAILS
ACCOUNT HOLDER: ROOSEVELT ACADEMY
BANK: STANDARD BANK
ACCOUNT: 402413059
BRANCH: 051001
REFERENCE: NAME, SURNAME & GRADE OF THE LEARNER e.g. Tshepo Molefe Gr2

ALL FEES ARE STRICTLY PAYABLE IN ADVANCE ON OR BEFORE THE 7TH OF EACH MONTH. PLEASE NOTE THAT SCHOOL FEES ARE SUBJECT TO CHANGE WITH ONE MONTH'S NOTICE.

I consent to the jurisdiction of the Magistrate Court of Thabazimbi as the full course of action shall be deemed to have arisen within its area of jurisdiction.

- I declare that I understand the payment regulations as set out above and will be responsible for any costs incurred should any of my payments be returned.
- I declare I understand that all fees are subject to change with one month's notice.
- I undertake to give one month's written notice should my child leave the school and that all fees will be paid up to date and that all textbooks are returned to the school before a transfer letter will be granted by the school.
- Failing to give notice, I acknowledge that I will be responsible for the cancellation fee of R1 500.
- I undertake to inform the school in writing should I change my address. Failing to do so, I will be liable for tracing costs.

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL FEES AND COSTS CONCERNING MY CHILD'S SCHOOL FEES.

I ACCEPT THE ATTACHED FINANCIAL POLICY FOR 2026 AND AGREE TO MAINTAIN PAYMENT OF FEES AS PER THE CONTRACT OF PAYMENT.

SIGNED BY PARENT/GUARDIAN AT…….ON THE……DAY OF……20…….

SIGNATURE…… AS WITNESS 1…….2….……

SUBJECT LIST

GRADE RR & R

- English Home Language
- Life Skills
- Mathematics

GRADE 1-3

- English Home Language
- Life Skills
- Coding and Robotics
- Mathematics
- Afrikaans First Additional Language
- French Second Additional Language

GRADE 4-6

- English Home Language
- Mathematics
- Life Skills
- Afrikaans First Additional Language
- Natural Sciences & Technology
- Social Sciences
- Coding and Robotics
- French Second Additional Language

GRADE 7

- English Home Language
- Mathematics
- Life Orientation
- EMS
- Creative Arts
- Afrikaans First Additional Language
- Natural Sciences
- Technology
- Social Sciences
- Arts Culture

REMEDIAL CLASSES

Afternoon studies, under teacher supervision, are offered to all pupils free of charge. Not only will the teacher assist learners with their homework, but also conduct extra classes during the studies if necessary. These classes are not charged for. These classes commence at 14:00 and end at 15:00.

ROOSEVELT ACADEMY

RIGHT OF ADMISSION POLICY

At Roosevelt Academy, **Right of Admission is strictly reserved.** This policy serves to uphold the dignity, safety, discipline, academic excellence, and moral standards of our institution in line with the Constitution of South Africa, the South African Schools Act, and internal school policies governing private educational institutions.

1. **Guiding Principles**

Roosevelt Academy is committed to:

- Providing a safe, inclusive, and values-based learning environment.
- Upholding Christian principles and high academic standards.
- Enforcing strict adherence to school policies and codes of conduct.

Learners, parents/guardians, and staff must understand that **continued enrolment is a privilege**, not a right, and may be withdrawn under circumstances outlined below.

2. **Grounds for Denial or Withdrawal of Admission**

The school reserves the right to deny or revoke admission if a learner engages **in any of the following misconducts**, which are considered **serious violations** of Roosevelt Academy's ethos and policies:

❖ **Behavioural Misconduct**

- **Smoking**, vaping, possession or use of **alcohol, drugs**, or any illegal substances.
- **Inappropriate conduct** on or off school premises (including sexual activity, assault, or criminal behaviour).
- Displaying **arrogance, defiance**, or a **disruptive attitude** toward staff or fellow learners.
- Persistent **bullying, harassment, xenophobic or homophobic comments**, or discrimination of any kind.

❖ **Academic Underperformance**

- Failing to maintain the **minimum required average of 60% across all subjects** per term.
- Repeated failure to submit assignments, attend assessments, or participate in classwork without valid justification.

❖ **Violation of Code of Conduct and Policies**

- **Absenteeism** without valid medical or parental justification.
- Accumulation of **demerits or disciplinary warnings.**
- Repeated **non-compliance with the school uniform policy.**
- Misuse or unauthorised use of **Roosevelt Academy's name, logo, or uniform for personal gain** or to **defame the school.**

❖ **Social Media Misconduct**

- Sharing content that violates our **Social Media Policy**, including:
  - Defamatory statements about the school or its staff.
  - Recording or distributing school-related content without permission.
  - Using the school uniform in videos or photos that promote vulgarity, hate speech, or misleading representations.

❖ **Language Policy Violations**

- Repeated and intentional failure to communicate in **English or Afrikaans**, the only two official languages of learning and teaching at Roosevelt Academy.
- Use of offensive or abusive language in or outside the classroom.

3. **Disciplinary Measures**

Depending on the severity of the violation, Roosevelt Academy may impose the following actions:

- Written warnings or disciplinary hearings.
- Parental meetings or official caution letters.
- **Suspension** or **expulsion** without refund of fees.
- Referral to law enforcement or legal action in extreme cases.

4. **Acknowledgement**

All learners and parents/guardians are required to sign an **Acceptance of Code of Conduct & School Policies Form**, acknowledging this Right of Admission Policy. By doing so, they confirm their understanding that **enrolment may be suspended or terminated if school rules are not upheld.**

❖ **Policies & Consent Acknowledgement**

By completing and submitting this Registration Form for Roosevelt Academy, the parent/guardian and learner confirm that they have **read, understood, and agree to be bound** by the rules, terms, and expectations of Roosevelt Academy as set out in the school's official policies. These policies are non-negotiable and form part of the enrolment agreement.

The following policies are **mandatory and binding:**

1. **POPIA Policy** (Protection of Personal Information Act)
2. **Language Policy**
3. **Uniform Policy**
4. **Social Media Policy**
5. **Code of Conduct for Learners and Parents**
6. **Medical Clearance Policy**
7. **Cellphone & Technology Policy**
8. **School Admission Policy**
9. **School Safety Policy**
10. **School Culture & Behaviour Policy**
11. **Boarding House Code of Conduct** (for boarding learners only)
12. **School Transport Policy** (if applicable)
13. **Policy on Conducting Extra Classes Outside School Premises**
14. **Disciplinary Policy**

15. **Academic Performance Policy (including promotion and pass requirements**
16. **Professionalism Agreement for Parents**
17. **Abuse of Property**
18. **Any Other Policy Published and Communicated by the School**

All policies are available on request from the school office and/or published on the official school website at www.rooseveltacademy.co.za. It remains the responsibility of the parent/guardian to remain updated on policy changes as communicated by the school.

- **Declaration:**

I hereby confirm that I have read and agree to all school policies listed above and accept that non-compliance may result in disciplinary action or possible termination of enrolment.

Parent/Guardian Full Name: _____

Signature: _____

Date: _____

Learner Full Name: _____

Signature (if age 10+): _____

Date: _____

Witness: _____ Signature: _____

Date: _____

INDEMNITY FORM

Roosevelt Academy

Pro Honore

LETTER FOR A LEARNER TO PARTICIPATE IN SPORT AND OTHER EXTRAMUAL ACTIVITIES

NO LEARNER MAY PARTICIPATE IN ANY ACTIVITY, SCHOOL TRIPS, ETC. *UNLESS* THIS FORM IS COMPLETED AND SIGNED.

1. I,……(Full names and Surname), the

2. parent,guardian of……..Grade……., hereby give permission for him/her to participate in the sporting and extra-curricular activities of Roosevelt Academy ('the school') and to go on approved school tours and excursions related to such sporting and extra-curricular activities.
3. I agree that, if in the option of the principal of the school or his/her delegated deputy, an emergency has arisen and medical treatment is deemed necessary for my child, the principal of the school or his/her delegated deputy shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.
4. I accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of the medical and/or hospital accounts where applicable.
5. As far as I am aware my child is physically capable of participating in the said sporting or extra-curricular activities and that he/she is in good health. However, the persons responsible should please note the following: [Please state aspects that the teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy etc.]

   ……

   ……

6. The following information is essential in case of medical treatment or hospitalization:
   6.1 Name and address of employer……

   ……

   6.2 Name of Medical Aid Fund……

   Membership No. ……

   6.3 Name of family doctor……Telephone number……

   Signature……