



Raisethorpe Secondary School

635 Dr Chota Motala Road • Raisethorpe • Pietermaritzburg • 3201
☎ 033 387 4201 • Email: rss.school@gmail.com

APPLICATION FOR ADMISSION OF LEARNER TO GRADE 8 (2025)

FOR OFFICIAL USE ONLY

REF. NO.

OFFICIAL'S SIGNATURE

PLEASE SUPPLY ALL INFORMATION REQUESTED BELOW IN BLOCK PRINT.

1. DETAILS OF APPLICANT

CURRENT PRIMARY SCHOOL OF LEARNER			
FULL NAME OF LEARNER			
FULL NAME OF PARENT/GUARDIAN MAKING THE APPLICATION			
RESIDENTIAL ADDRESS OF PARENT/GUARDIAN			
TELEPHONE (HOME)		CELLULAR	
ALTERNATE CONTACT	NAME:	CELLULAR	

2. PLEASE TAKE NOTE OF THE FOLLOWING:

- 2.1 This is only an **APPLICATION for admission** to Raisethorpe Secondary School for Grade 8 in 2025.
- 2.2 **YOU ARE ADVISED TO ALSO APPLY FOR ADMISSION TO OTHER SCHOOLS.**
- 2.3 You are advised to keep a photocopy of this entire document before handing in the original to the school.
- 2.4 Incorrect information will render this application invalid.
- 2.5 **THE CLOSING DATE FOR THE RETURN OF COMPLETED APPLICATION FORMS IS WEDNESDAY, 15 MAY 2024 AT 10H15. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

3. ESSENTIAL INFORMATION / REQUIREMENTS FOR ALL APPLICANTS

- 3.1 Please attach a **CERTIFIED COPY** of the **IDENTITY DOCUMENT** of **BOTH PARENTS/GUARDIANS AND CHILD'S BIRTH CERTIFICATE.**
- 3.2 Please attach **PROOF OF RESIDENCE.** This must specify the full name of parent and residential address (e.g. **ELECTRICITY/RATES BILL, INTERNET FIBRE ACCOUNT STATEMENT, SARS STATEMENT**)
Proof of RESIDENCE must be in the form of an **ORIGINAL DOCUMENT** (no photocopies).
- 3.3 **THE COMPLETED FORMS AND DOCUMENTS MUST BE RETURNED TO THE SCHOOL PERSONALLY, FROM MONDAY, 13 MAY 2024 TO WEDNESDAY, 15 MAY 2024 BETWEEN 08H15 AND 10H15. THE RETURN OF FORMS WILL TAKE PLACE VIA THE DR CHOTA MOTALA ROAD ENTRANCE TO THE SCHOOL DURING THE STIPULATED DATES AND TIMES INDICATED ABOVE.**
- 3.4 **When you return the completed form, you will be given a REFERENCE NUMBER. Please quote this reference number in any query.**

4. SELECTION PROCESS

- 4.1 Selection of learners will be based on parents' residential addresses, that are in closest proximity to the school.

5. NOTIFICATION OF SUCCESSFUL APPLICANTS

- 5.1 Only the parents of **SUCCESSFUL APPLICANTS** will be informed **VIA Whatsapp** on Thursday, 06 June 2024 and Friday, 07 June 2024.
- 5.2 The parent of such applicants will have to call at school **PERSONALLY** to collect the **CONFIRMATION OF ACCEPTANCE FORM** from **Monday, 10 June 2024 to Wednesday, 12 June 2024 between 08h15 and 10h15**. The collection of forms will take place via the **DR CHOTA MOTALA ROAD** entrance to the school.
- 5.3 The confirmation of acceptance form must be **completed and returned from Wednesday, 10 July 2024 to Friday, 12 July 2024 between 08h15 and 10h15**. **THE CLOSING DATE FOR THE RETURN OF THE CONFIRMATION OF ACCEPTANCE FORM IS FRIDAY, 12 JULY 2024.**
- 5.4 **FAILURE to COMPLY WITH ANY OF 5.2 and 5.3 OF THE ABOVE WILL RESULT IN THE CANCELLATION OF THE ADMISSION.**
- 5.5 **IF THE SCHOOL DOES NOT CONTACT YOU BY MONDAY, 10 JUNE 2024, THEN CONSIDER YOUR APPLICATION UNSUCCESSFUL. IN THIS REGARD YOU ARE STRONGLY ADVISED TO SEEK ADMISSION AT ANOTHER SCHOOL.**
- 5.6 All queries must be formulated in writing/email to the school by Friday, 14 June 2024. **Queries after 14 June 2024 will not be accepted.**

6. ACKNOWLEDGEMENT BY PARENT/GUARDIAN

I, _____, the parent/guardian of _____, hereby acknowledge that I have read the entire application form and have taken note of all due dates.

NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

FOR OFFICIAL PURPOSES ONLY		YES	NO
1.	FATHER'S ID		
2.	MOTHER'S ID		
3.	LEARNER'S BIRTH CERTIFICATE		
4.	PROOF OF RESIDENCE		
5.	COMPLETION OF DETAILS ON FORM		
6.	DEADLINES HAVE BEEN MET		

Verified by: _____
Name *Signature* *Date*

Checked by: _____
Name *Signature* *Date*

Comments:
