



The Settlers High School

Dear Parents/Guardians

Due to recent updated government regulations (*as on 3 July 2020*) regarding the ongoing COVID-19 pandemic, all learners and parents/guardians are advised to read through the alternative options to complete the 2020 academic year. Parents/Guardians are then required to complete this form should they wish to apply for any of the alternative options.

ALTERNATIVE OPTIONS TO COMPLETE THE 2020 ACADEMIC YEAR

In order to complete the 2020 academic year, learners have the following three options, as per the new guidelines from the Western Cape Education Department (**Addendum I, Annexure A to D**):

OPTIONS 1 OR 2: DISTANCE LEARNING

Option 1: Application to exempt a learner **with comorbidities**, temporarily, from compulsory school attendance (*Classification of comorbidities are listed in Annexure I:A*)

OR

Option 2: Application to exempt a learner **without comorbidities**, temporarily and conditionally, from compulsory school attendance.

If a learner wishes to make use of one of the above-mentioned concessions, he/she must do the following:

- a) Complete all applicable sections of this application form.
- b) In the case of applying as a result of a comorbidity, a medical history report from the medical practitioner attending to their condition must be attached to this application.
- c) Besides supplying the documentation above, parents/guardians must agree to:
 - Create a conducive environment for their child to learn at home. This would include learning space, resources, internet access and support.
 - Accept the responsibility to oversee the daily learning of their children at home, including the daily work and informal assessments.
 - Accept the responsibility of ensuring that they are informed of what work must be covered and what work must be completed daily.
 - Ensure that all work and assignments are collected and delivered at school, as required by the school.
 - As the child is still an enrolled learner of the school, and receives input and support from their teachers, the parent/guardian will remain responsible for the continued payment of school fees.
 - All tests and formal assessments must be done at school. The school will arrange a venue for Distance Learning learners to complete these assessments.

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- d) Learners will have access to a Distance Learning Google Classroom that contains folders for all subjects. Live recordings of normal classroom teaching will be loaded onto this platform. There will be a 24-hour delay with uploading of this material to enable a more cost effective downloading option instead of live streaming, as well as preventing the abuse of this resource. Once a learner's application has been approved, the classroom code will be made available to them.
- e) All correspondence will be sent to the learner's **school email account**.
- f) Practical subjects such as Consumer Studies, Drama, IT, Music or Visual Art will not be part of the recorded programme. Learners must contact their practical teacher directly via email or whatsapp to make arrangements for the work required.

Should the parent/guardian be unable to accept this concession and the responsibilities associated with it, then the learner should continue to attend school.

OPTION 3: HOME EDUCATION

Should a parent wish to deregister their child and apply for Home Education, he or she must comply with the legal requirements for the provision of Home Education, as contemplated in section 51 of the SASA, 1996 (Act 84 of 1996).

The *Policy* on Home Education, the requirements and duties of parents and the application form can be accessed, using the following link: <https://wcedonline.westerncape.gov.za/home-education>.

A learner that is deregistered from a school will have to apply for admission and adhere to admission requirements should they wish to choose to return to a public school again.

I,(Name of parent/guardian), parent/guardian of
(Name of learner) enrolled at The Settlers High
 School, hereby acknowledge that I have read and understood the options for schooling presented
 above.

I hereby indicate the following option for my child (please indicate with X):

SCHOOLING OPTIONS	OPTION 1 Distance Learning: Comorbidity	OPTION 2 Distance Learning: No Comorbidity	OPTION 3 Home Education (deregister from TSHS)
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*When **Option 1 or 2** is selected, please complete all sections of this application form.*

*When **Option 3** is selected, the transfer form will be issued once the learner returned his / her tablet and all textbooks.*

If your child will continue to attend school, there is no need to complete any sections of this document.

Parent/Guardian's Signature:

Date:

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DISTANCE LEARNING APPLICATION FORM

All applications to include the following documentation:

- Completed Application Form (all 7 pages of this document)
- For comorbidity applications: All relevant medical documentation / medical history

The completed application and supporting documents must be submitted to our social worker, Ms Frieslaar (sw@settlers.org.za)

PERSONAL DETAILS OF PUPIL

Present Grade	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Gender	FEMALE	MALE
Date of Birth	<input type="text"/>	<input type="text"/>
Identity Number	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>
Number of Children in the Family	<input type="text"/>	<input type="text"/>

PERSONAL DETAILS OF PARENTS / GUARDIANS

Parent I: Surname	<input type="text"/>	Title	<input type="text"/>
Parent I: First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent I: Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Postal Code	<input type="text"/>
Home Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Parent 2: Surname																			Title									
Parent 2: First Name																												
Parent 2: Address																												
																			Postal Code									
Home Telephone																												
Cellphone																												
Email Address																												
Parent's Occupation																												
Parent's Employer																												
Work Telephone																												

Marital Status	MARRIED	DIVORCED	SEPARATED	SINGLE PARENT	WIDOW/ER	CO-HABITING
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PLEASE STATE AND MOTIVATE THE REASON(S) FOR THIS APPLICATION:																											
IF APPLICATION IS AS A RESULT OF A COMORBIDITY, PLEASE ENSURE ALL RELEVANT MEDIAL HISTORY REPORTS HAVE BEEN ATTACHED TO SUPPORT THE ABOVE.																											

Please turn over page

THE PARENT/GUARDIAN MUST CHECK THE REQUIREMENTS FOR OPTIONS I AND 2, AND TICK EACH BOX BELOW TO CONFIRM:

There are suitable learning spaces and resources available at home.	
The parent/guardian will be required to supervise work activities.	
The parent/guardian will ensure that learners stay informed of work to be completed.	
The parent/guardian will be required to collect and deliver assignments to school as required.	
The parent/guardian will be held responsible for the continued and timeous payment of school fees OR make the necessary arrangements.	
The parent/guardian must ensure that learners are at school for all tests and formal assessments. Special venues will be provided.	
INTERNET CONNECTIVITY	
Does the learner have access to the internet?	YES
If yes, please indicate the type of connection:	
Fibre	ADSL
Mobile Data	Other
If other, please state details	

If the parent/guardian cannot agree to all of the above responsibilities and conditions, then the learner will not be able to continue with Distance Learning.

CONSENT FOR DISTANCE LEARNING (WCED ANNEXURE I:C)

I,(Name of parent/guardian), parent/guardian of(Name of learner) enrolled at The Settlers High School, hereby accept the concession offered to keep my child at home, and oversee his/her learning while the Covid-19 restrictions are in place due to the reasons stated in this application.

I accept and agree that I will now take the responsibilities to oversee the learning of my child at home, as outlined in this application.

I will also adhere to requests made regarding the completion of assessments and other requirements.

Parent/Guardian’s Signature:

Date:

All information used to compile this document is available on the WCED website.

Please refer to Addendum I (including Annexure A to D): Exemption from Public School Attendance (<https://wcedonline.westerncape.gov.za/back-school>)

Please turn over page for list of comorbidities



Annexure I (A)

LEARNER RISK FACTORS FOR SEVERE COVID-19: COMORBIDITIES Interim indicators (pending DBE confirmation)

The list of Comorbidities, Risk Factors and Definitions are:

Risk Factor	Detail	Definition
Cardiovascular Disease	Moderate/ Severe Hypertension	Moderate hypertension: systolic BP 160-179mmHg and/or diastolic BP 100-109 mmHg. Severe hypertension: systolic BP \geq 180 mmHg and/or diastolic BP \geq 110 mmHg.
	Congestive cardiac failure or other serious cardiovascular disease	Confirmed clinical diagnosis of congestive cardiac failure or other serious cardiovascular disease
	Cerebrovascular disease, including stroke and transient ischaemic attack	Confirmed clinical diagnosis of cerebrovascular disease.
Respiratory Disease	Pulmonary Tuberculosis – untreated or in early treatment	People who have not completed the intensive phase or first two months of treatment in line with the National Department of Health Standard Treatment Guidelines.
	Moderate to severe asthma	Asthma which requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it from becoming 'uncontrolled' or which remains 'uncontrolled' despite this therapy.
	Chronic Obstructive Pulmonary Disease (COPD)	Confirmed clinical diagnosis of COPD

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WCED ANNEXURE I:A (continued)

Risk Factor	Detail	Definition
	Other severe chronic lung pathology, including cystic fibrosis and bronchiectasis	Confirmed clinical diagnosis – irrespective of severity.
Kidney Disease	Chronic Kidney Disease	eGFR < 45
Pregnancy	Third trimester pregnancy	Estimated to be further than week 27 of pregnancy
Immunosuppression	Poorly controlled type II Diabetes Mellitus	HBA1c \geq 7.5% within last 6 months
	Cancer undergoing active treatment	Currently undergoing chemotherapy and/or radiotherapy
	Human Immunodeficiency Virus with advanced immunosuppression	HIV positive persons with CD4 count <200 cells/mm ³ who are ART-naïve or who initiated ART within last 3 months
	Chronic immunosuppressant use	Chronic use of corticosteroids of >20mg prednisone per day or equivalent, methotrexate, biologicals or other immunosuppressants.
	Transplant	On chronic immunosuppressants
Primary Immunodeficiencies	Diagnosed Primary Immunodeficiency	On chronic immuno-globulin treatment.
Metabolic syndrome	Severe obesity	Body mass index (MBI) of 40 and higher

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