Office Use

Notes:

Mitchell House

Tel: 015 296 0865
Fax: 015 296 0912
www.mitchellhouse.co.za
Email: reception@mitchellhouse.co.za
Plot 153, Tweefontein
P.O. Box 1051
Faunapark
POLOKWANE
0787

Application for College Scholarship

Application for a Academic Sport Scholarship to Mitchell House in 2018 2019 2020 Current Grade

Immigrant: Yes No Today's Date:

PLEASE COMPLETE THE FORM *(X WHERE APPLICABLE)* IN PRINT AND ATTACH THE FOLLOWING DOCUMENTS (ONLY REQUIRED FOR FIRST TIME APPLICATIONS)
NEW APPLICATIONS WILL NOT BE ACCEPTED IF ALL THE RELEVANT DOCUMENTATION IS NOT INCLUDED

- **2 copies of the Child's Birth Certificate**
- **Copies of parents/guardians ID documents**
- **A copy of the last school report**
- **Study permit for non-resident pupils**
- **2 recent passport photographs**
- **Copy of the Medical Aid Card**
- **Report from an optician**
- **Copies of Gr 6/7 Certificates and Achievements**

Pupil's Information

First names: Surname:

Preferred name: Date of Birth:

Current School: Current Grade: Age: Yrs Mths

Home Language: Nationality:

ID/Passport number: Pupil's Contact Number:

Race: Black White Indian Coloured Other *(Specify)*: Gender: Male Female

Religion: Christian Muslim Hindu Other *(Specify)*: No of Children and position in Family: /

Pupil lives with: Both Parents Mother Only Father Only Grandparents
Mother and Stepfather Father and Stepmother Guardians *(State relationship)*:

Family currently at Mitchell House: *Name:* *Relationship:* *Grade:*
Name: *Relationship:* *Grade:*
Name: *Relationship:* *Grade:*

Pupil's Medical Information

Name of Medical Aid Scheme:

Medical Aid No: Name of Primary Member:

Name of Doctor: Doctor's Telephone Number:

Allergies:

Illnesses:

Chronic Medication:

Preferred Hospital: *(for emergencies and for parents' account)*

Barriers to Learning *(eg ADHD)*:

Chronology of Medical Reports *(e.g. medical reports, occupational and speech therapist, psychologist, social worker, etc. Reports to be attached.)*

Date: Description:

Date: Description:

Emergency Contact Details (not a person living with the child)

Relationship to Pupil: Title:

First names: Surname:

Telephone No: *Cell* *Work* *Home*

Parent / Guardian (person with whom the child lives)

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Race: Black White Indian Coloured Other *(Specify)*:

Telephone No: *Cell* *Work* *Home*

Email Address:

Occupation: Employer:

If Self Employed - Name of the Business:

Type of Business:

Home Address: Postal Address:

Code Code

Marital Status: Never Married | Married In Community of Property | Married Out of Community of Property | Married Common Law | Widowed | Divorced

Parent / Guardian

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Race: Black White Indian Coloured Other *(Specify)*:

Telephone No: *Cell* *Work* *Home*

Email Address:

Occupation: Employer:

If Self Employed - Name of the Business:

Type of Business:

Home Address: Postal Address:

Code Code

Marital Status: Never Married | Married In Community of Property | Married Out of Community of Property | Married Common Law | Widowed | Divorced

Financials

Full Names of the person responsible for fees:

If not one of the above , please complete the following and attached proof of Identification:

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Telephone No:

Marital Status: Never Married | Married In Community of Property | Married Out of Community of Property | Married Common Law | Widowed | Divorced

Conditions of Application

1. Mitchell House is a Christian School. Pupils of all religions are, however, welcome at Mitchell House, though they attend all religious services and lessons.
2. I agree that Mitchell House may check and confirm any information on the application form and may make any enquiries deemed necessary including a general credit check and my credit worthiness with the last school the pupil attended.
3. I understand that this form only constitutes the booking of a place to sit the Scholarship Exam on a date to be confirmed and that in no way does it , or the scholarship process, guarantee acceptance to the School.
4. I agree that all short listed candidates will be interviewed by a selection committee and that the winners of the various Scholarships will be selected by this committee based on both the exams and the interview.
5. I accept that the selection committee's decision is final and that Mitchell House reserves the right to not make any awards if no suitable candidates can be selected.
6. Should this application be successful, I understand that a place is not guaranteed until the contract has been signed and the entrance fees paid.
7. I/We hereby warrant that the submitted information is true and correct.

Signature: _____ Date: _____

Parent/Guardian

Motivational Essay

Write suitable responses to the following:

What would winning a Mitchell House Scholarship mean to you?
How would you contribute to Mitchell House as a member of its student body?