



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 Admission: College Day Scholar

Application for Admission to Mitchell House in Term Grade

Immigrant:

Today's Date:

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

- | | |
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| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 2 recent passport photographs • Copy of the Medical Aid Card • A non-refundable application fee of R500.00 • Report from an optician |
|---|---|

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: Gender:

Religion: No of Children and position in Family:

Pupil lives with:

Family currently at Mitchell House:

Second Language choice:

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

Parent / Guardian (person with whom the child lives)

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Race:

Telephone No:

Email Address:

Occupation: Employer:

If Self Employed - Name of the Business:

Type of Business:

Home Address: Postal Address:

Marital Status:

Parent / Guardian

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Race:

Telephone No:

Email Address:

Occupation: Employer:

If Self Employed - Name of the Business:

Type of Business:

Home Address: Postal Address:

Marital Status:

Financials

Full Names of the person responsible for fees:

If not one of the above , please complete the following and attach proof of identification:

Relationship to Pupil: Title:

First names: Surname:

ID/Passport number: Telephone No:

Marital Status:

Conditions for Enrolment

PREAMBLE

The admission policy of Mitchell House is determined by the governing body of the school in terms of section 5 (5) of the South African Schools' Act, 1996 (No. 84 of 1996). The policy is consistent with the Constitution of the Republic of South Africa, the South African Schools' Act, 1996 and applicable provincial law.

Mitchell House is a **Christian School**. Pupils of all religions are, however, welcome at Mitchell House, though they **attend all** religious services and lessons.

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.

ADMISSION CRITERIA

1. Completion in full of the Application for Admission, and compliance with the requirements set out therein (e.g. inclusion of all relevant documentation)
2. Successful completion of the placement assessment as well as subject compatibility (Language of Instruction is English, First Additional Languages – Afrikaans or Sepedi).
3. A positive credit rating.
4. The pupil's previous school reports indicate a positive work ethic and sustained parental support.
5. The pupil is not more than one-year out of the Mitchell House age norm for the grade.
6. The application fee is paid

SUCCESSFUL APPLICATIONS

All successful applications are offered a place, in writing. In order to secure the place offered at the school the following must be fully completed and signed:

- This Application for Admission.
- The Enrolment Contract.
- The debit order form.
- All admission fees and deposits are paid in full by the specified date.
- If all the conditions to secure acceptance are not met and the completed forms are not received within **twenty-one days** of the acceptance being granted, the offer of acceptance may be cancelled. This is to assist the large number of applications on the admissions waiting list.

By accepting the place in the school and signing the Enrolment Contract, a parent/guardian agrees to adhere to and enforce **all** academic, sporting, cultural, discipline, financial and uniform requirements and rules in their entirety as set out in the Code of Conduct and the various School policies. Parents/guardians must consider all rules thoroughly, and request clarification if unsure, before accepting the place offered. Particular attention is drawn to the following:

- Promotion requirements for the various phases
- Compulsory sport from Grade 8 to Grade 11
- Dress code as per the Uniform Policy
- The payment of school fees is compulsory and is payable **strictly in advance**.

School contracts expire at the end of the Grade 9 year. Application to be enrolled into Grade 10 must be submitted by the end of the **second term** (June) of the Grade 9 year. Enrolment into the next grade is **not** guaranteed, even if the pupil has met the academic requirements for that Grade.

UNSUCCESSFUL APPLICATIONS

All unsuccessful applications will be notified in writing. The School is not required to give reasons for non-acceptance, and will only do so at the discretion of the Headmaster or Deputy Head.

I/We hereby warrant that the submitted information is true and correct and that I have read and understood the above conditions.

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Parent/Guardian



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Head's Confidential Report

Name of pupil: Date of birth:

Present School: Present Grade:

I, *Full name and surname:* being a parent/guardian of the above pupil, agree that Mitchell House may make any enquiries deemed necessary, including my credit worthiness, with the last school my child attended. Signature: Date:

After completion by the current SCHOOL HEADMASTER, please scan and email the completed form to reception@mitchellhouse.co.za as soon as possible. Do not return to the parent.

Scholastic Performance and Deportment

Please rate the ability of the above pupil on academic performance and deportment. 1 being very poor and 8 consistently outstanding

- | | |
|--|----------------------|
| 1) English: | <input type="text"/> |
| 2) Mathematics: | <input type="text"/> |
| 3) First Additional Language - Afrikaans/Sepedi: | <input type="text"/> |
| 4) Overall Academic Ability: | <input type="text"/> |
| 5) Application to Work: | <input type="text"/> |
| 6) Behaviour / Response to Discipline: | <input type="text"/> |
| 7) Social Adjustment: | <input type="text"/> |
| 8) Leadership Potential: | <input type="text"/> |
| 9) Parental Involvement: | <input type="text"/> |
| 10) Parental Cooperation: | <input type="text"/> |

List any special achievements in:

Academics: _____

Culture/Creative Activities: _____

Sport: _____

Is there any reason why we should not accept this child? Please clarify: _____

Financial Status

Please indicate the status of the family's school fee account:

- Paid annually in full
 Paid Termly to date
 Paid monthly to date
 In arrears by
 Not Paid

Comments: _____

Headmaster's Name:

Headmaster's Signature:

Date:

Place
School Stamp
Here

Income and Expenditure

Family Surname: Admin No/s:

Pupils name/s: Grade/s:

According to the FAIS Act, the school, being the service provider, must ascertain that you, the consumer, are not over committing yourself financially by accepting a place at this school for your child/ren. We, therefore, require that the following information be disclosed to our Bursar who will ensure that this information is kept confidential.

Income	1st Parent/Guardian	2nd Parent/Guardian
Gross Monthly salary: (Including All commissions and allowances)	R	R
Deductions: (Including PAYE-UIF-Medical aid)	R	R
Nett Salary	R	R
Annual Bonus (After Tax)	R	R

Any other income: Stipulate

1	R	R
2	R	R
3	R	R

TOTAL MONTHLY HOUSEHOLD INCOME	R	R
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Expenditure	1st Parent/Guardian	2nd Parent/Guardian
Rental/Board installment	R	R
Water, electricity and assessment rates	R	R
Vehicle (Balance R _____) Lease/HP Installment	R	R
Vehicle Running Expenses	R	R
Groceries and provisions	R	R
Clothes/Clothing Account(s)	R	R
Credit Cards	R	R
Furniture	R	R
Chemist (regular medication not covered by a medical aid)	R	R
School fees	R	R
Extramural activities (children)	R	R
Donations	R	R
Telephone	R	R
Insurance (Life, Funeral Cover)	R	R
Short Term Insurance (Household, Car)	R	R
Wages	R	R
Loans	R	R
Other: Specify	R	R
Other: Specify	R	R

TOTAL HOUSEHOLD EXPENSES	R	R
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I/We hereby warrant that the above information is true and correct at the time of submission.

Signature/s: _____

Date: _____