#### D. D. Francis

#### Headmaster

Tel: +27 41 966 1147 Fax: +27 41 961 0187

headmaster@muircollege.co.za secretary@muircollege.co.za



Muir College Boys' High School, P.O. Box 231, 15 Sir Thomas Muir Drive, Vanes Estate, KARIEGA 6230

www.muircollege.co.za

**Dear Parents** 

#### Re: ADMISSION TO MUIR COLLEGE - 2025

Please complete the Muir College Application form for next year and return to us by Tuesday, 30 April 2024.

NB: Please APPLY at OTHER SCHOOLS as well as submission of this application <u>DOES NOT</u> guarantee admission to Muir College.

Please note that the following documents <u>must</u> accompany your application form:-

- PUPIL'S REPORT: a copy of his December 2023 & March 2024 report.
- PUPIL'S UNABRIDGED BIRTH CERTIFICATE: must have the mother, father and child's information on. If this is not available we need proof that you have applied for one. We will then need a copy of his normal Birth Certificate.
- > PUPIL'S I.D. POTO: most recent photo.
- > COPY OF MOTHER AND FATHER'S I.D.: If either parent is deceased a copy of the death certificate is required. If either of the parent are not involved at all then an affidavit is required stating such.
- COPY OF PAYEE'S I.D. AND PROOF OF INCOME: if someone other than the parents are responsible for the school fees.
- PROOF OF INCOME: for both parents. If unemployed an affidavit indicating your last date of employment. If
- > self-employed a copy of the last audited Income Statement or a letter from SARS indicating your income.
- PROOF OF ADDRESS
- PROOF OF GUARDIANSHIP: if you are the Legal Guardian.

Please make sure that the form is filled in correctly and that the back of the application is signed by both parents.

If parents are not paying the school fees the payee must sign the back of the form under **Declaration – Non Parent**.

The Verification form must please be handed in at the learner's present school to be filled in by the principal.

A separate Hostel form must be filled in if you are applying for your son to be in the hostel.

Thank you

N.L. EMMERSON SECRETARY

February 2024

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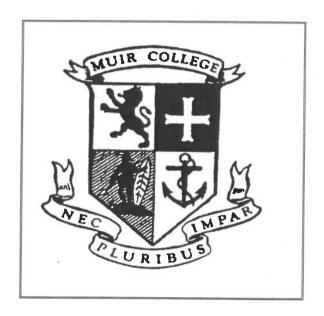
#### **VERIFICATION OF INFORMATION AND REFERENCE**

This form must be completed by the <u>Principal of the school</u> which the <u>learner is currently attending</u> and must be submitted together with the application form and other documentation required for admissions.

The original of t	his documentation must be su	bmitted WITHOUT CORRECTIO	NS OR ERASURES.
,	(Principa	ls name),	
Principal of		(Sc	hools full name)
hereby confirm that		(Le	earner's full name)
Is currently enrolled in Grade	at the above m	entioned school.	
Date on which the learner was	s enrolled at the above mention	ned school	
His record may be described a	s follows: (Please put a cross i	n the appropriate block)	
ACADEMIC PROGRESS TO DATE			
VERY GOOD	GOOD	ADEQUATE/SATISFACTORY	REQUIRING SUPPORT
BEHAVIOUR/ DISCIPLINE			
VERY WELL BEHAVED	GOOD	ADEQUATE/SATISFACTORY	REQUIRES ATTENTION
WORK ETHIC / APPLICATION TO TASKS			
WELL MOTIVATED. REGULARLY DOES MORE	GOOD. DOES ALL THAT IS	DOES ONLY WHAT IS	REQUIRING CONSTANT
THAN IS REQUIRED	REQUIRED AND MORE AT TIMES.	REQUIRED / REQUIRES MOTIVATION AT TIMES	MOTIVATION AND SUPPORT.
PARENTS ARE ACTIVELY INVOLVED	GOOD, REGULAR SUPPORT.	FAIR TO ADEQUATE SUPPORT AND	LITTLE EVIDENCE OF
AND VERY SUPPORTIVE	3337,11332,11311	INVOLVEMENT	INVOLVEMENT AND SUPPORT
INANCIAL COMMITMENT			
VERY GOOD, FEES ARE ALWAYS PAID ON TIME	GOOD. FEES ARE USUALLY PAID ON TIME	FAIR. PARENTS TEND TO SKIP A FEW PAYMENTS AND THEN MAKEUP.	POOR. THE LEARNER CURRENTLY OWES R
PORT			
ULTURAL ACTIVITIES			
RINCIPAL			
_			
			School Stamp
PATE		<i>a</i> =	School Stan

HOSTEL:	ADMIN NO:	GRADE:
---------	-----------	--------

## MUIR COLLEGE UITENHAGE



APPLICA	OF OF	JL
	(PUPIL'S FULL NAMES)	•••

FOR THE YEAR 2025

#### FOR OFFICIAL USE ONLY

PUPIL'S REPORT	I.D. OF MOTHER	
(December 2023 report & March 2024)	(if deceased a death certificate)	
REFERENCE	PROOF OF RESIDENCE	
PUPIL'S UNABRIDGED	PROOF OF INCOME	
BIRTH CERTIFICATE	(both parents)	
PUPIL'S I.D. PHOTO	PROOF OF INCOME	
I.D. OF PAYEE	(other than parents)	
I.D. OF FATHER	DEPOSIT RECEIVED *	
(if deceased a death certificate)	(ONLY IF/WHEN SON IS ACCEPTED)	

PUPIL INFORMATION						
Full Names						
Surname						
I.D. Number						
Date of Birth						
To be admitted in Grade						
Age	Years			Months		
Nationality						
Population Group						
Home Language						
Number of Children in Family		Is pupil	1st, 2nd	in family		
Number of Children at Muir		Grade	's			
Pupil Resides at: Address				2 11		
Suburb						
City/Town					Code	
Pupil Resides with:	Mother	F	ather		Other	
Emergency Tel Nr.						
Learners Cell Nr.						
If not a SA please provide info						
Immigrant Pupil / Passport No.						
Study Permit No.				III.		
Permanent Residence Permit Nr.			Temp	oorary Residence iit Nr		

EMERGENCY CONTACT PE	EMERGENCY CONTACT PERSON (other than parents)				
Name					
Surname					
Residential Address					
Suburb					
City / Town					
Telephone: Home					
Work					
Fax					
Cell					
Relationship to Learner					

3	PARTICULARS OF BIOLOGI	CAL FATHER			
(a)	Full Names				
	Surname		- 48.8-		
	Address				
	Suburb				
	City / Town			Code	
	Occupation				
	Employer / Company Name				
	If DOE Schools Name				
	Employee No. / Persal No.				
	Income Tax No.				
	Physical Work Address				
	Suburb				
	Town			Code	
	Telephone: Home				
	Work				
	Cell		Fax		
	I.D. NUMBER				
	Marital Status	If re	marrie	ed fill in page 5 se	ction 3 (e)
	E-mail address				
	Is the Father an Old Muirite				

3	PARTICULARS OF BIOLOGICA	L MOTHER
(b)	Full Names	
	Surname	
	Address	
	Suburb	
	City / Town	Code
	Occupation	
Î	Employer / Company Name	
	If DOE Schools Name	
	Employee No. / Persal No.	
	Income Tax No.	
	Physical Work Address	
	Suburb	
	City / Town	Code
	Telephone: Home	
	Work	
	Cell	Fax
[	I.D. Number	
	Marital Status	If remarried fill in page 5 section 3 (f)
	E—mail address	1 0

PARTICULARS OF LEGAL GUARDIAN	
Full Names	
Surname	
Address	
Suburb	
City / Town	Code
Occupation	
Employer / Company Name	
If DOE Schools Name	
Employee No. / Persal No.	
Income Tax No.	
Physical Work Address	
Suburb	
Town	Code
Telephone: Home	
Work	
Cell	
I.D. NUMBER	
Marital Status	
E-mail address	

If Self Employed - Name of 1	Business				
Business Address	Street				
	Suburb				
	City / Town	1.			
Postal Address	Box Number				
	Suburb				
	City / Town		×		
	City / Town				
Work Telephone Number					
Gross Yearly Turnover					
Type of Business					
Inception date:	From: /	/			
Ownership Status	Sole Owner	Partne	rship	CC	Company
If a <b>Pensioner</b> indicate type of Pension	State		Private		
Name of Pension Fund					
Pension Number					
Gross Yearly Pension					
If Unemployed					
UIF Unemployment Number					

3	PARTICULARS OF STEPMOTHER	
e)	Full Names	
	Surname	
	Address	
	Suburb	
	City / Town	Code
	Occupation	
	Employer / Company Name	
	If DOE Schools Name	
	Employee No. / Persal No.	
	Income Tax No.	
	Physical Work Address	
	Suburb	
	City / Town	Code
	Telephone: Home	
	Work	
	Cell	Fax
	I.D. Number	
	Marital Status	
	E—mail address	

PARTICULARS OF STEPFATHER		
Full Names		
Surname		
Address		
Suburb		
City / Town	Code	
Occupation		
Employer / Company Name		
If DOE Schools Name		
Employee No. / Persal No.		
Income Tax No.		
Physical Work Address		
Suburb		
City / Town	Code	
Telephone: Home		
Work		
Cell	Fax	
I.D. Number		
Marital Status		
E—mail address		

Who is responsible for the payment of school fees?	
(Is it the father / mother or other)	
If you are a Legal Guardian, please indicate your	
relationship to the pupil Eg. Grandparents, Foster	
Parent(s), etc	
Is the pupil an adopted child?	
	If you are a Legal Guardian, please indicate your relationship to the pupil Eg. Grandparents, Foster Parent(s), etc

4	BOARDING	
(a)	Do you wish your son to be admitted as a Boarder?	
(b)	From which date?	
(c)	Will he be attending boarding school for the first time?	

5	ACADEMIC INFORMATION		
(a)	Has your son ever required any remedial education?		
	If so, please specify:		
(b)	Has your son failed a Grade or been kept back?		
	If yes, please specify which grade(s).		

6	MOST RECENT SCHOOL	
(a)	Please supply the full name of the school most recently attended by your son.	н
	School Address:	
	Suburb	
	Town / City	Code
	School Telephone No.	
	Fax No.	
(b)	Last grade passed:	

7	<b>RELIGIOUS DENOMINATION:</b>	

8	MEDICAL AND PSYCHOLOGICAL	HISTORY	7				
(a)	Medical Aid:						
	Medical Aid Number:						
	Name of Main Member:						
(b)	Does your son have any medical, psychological or any other condition which has affected his academic progress, behaviour or adjustment?			>			
	Please elaborate:						
(c)	In the case of your son's illness, please state if you prefer any particular doctor	Doctor			Tel No.		
	or dentist in Uitenhage.	Dentist			Tel No.		
(d)	Underline the illness(es) pupil has had:	Measles, Whooping Cough, Chicken Pox, Mumps					
(e)	Other important illness(es) from which the pupil is suffering or has suffered.	(eg.) Asthma, Epilepsy etc					
(f)	Operation(s) pupil has had. Give date and nature of operation(s)						
(g)	Underline the illness(es) pupil has been	Tuberculosis (B.C.G.), Diptheria, Whooping					
	immunized against:	Cough, Tetanus, Measles, German Measles,					
		Poliomye					,
(h)	Dexterity of Learner:	Right Ha	nded:		Left Hand	led:	
		Ambidex	trous:				
(i)	Social Grant	Yes			No		

	EVED AMID AT THE TOTAL AND A CONTRACT OF THE PARTY OF THE	
9	EXTRAMURAL HISTORY AND ACHI	EVEMENTS
(a)	SPORT	
(a.1)	Does your son participate actively in a	
	school sport(s) programme?	
(a.2)	If the answer is "NO" please specify the	
	reason.	
(a.3)	Please specify the sport(s) in which he	
	takes part and the level at which each is	
	played (eg. Cricket – 2 <sup>nd</sup> Team, Rugby –	
	EP Schools)	
(b)	Cultural and other activities. Please	
	specify Societies, Clubs, Groups in OR	
	out of school of which your son is a	
	member, or in which he has shown an	
	active interest.	
(c)	Leadership. If your son has been	
	selected at some stage to play a	
	leadership role at school or in a sport,	
	society or club, please give details.	
	(eg. Prefect, Captain, Chairman etc.)	
(d)	Awards. Please supply details of Prizes,	
	Medals, Awards received by your son in	
	and out of school.	
(e)	Special talents excluding Academics and	
	Sport. If your son has any special talents	
	(excluding sport and academics) which	22
	have revealed themselves STRONGLY.	
	Please give details (eg. Art, Music etc.)	

0	GENERAL INFORMATION

#### **UNDERTAKING BY PARENTS / GUARDIANS**

- 1. I / We hereby apply to have the child whose name appears on this form as a learner at MUIR COLLEGE and confirm that he / she complies with the basic criteria.
- 2. I / We hereby certify that I / we have legal custody and / or guardianship in respect of the above named learner.
- 3. I / We undertake to adhere to the school rules and disciplinary code and to the various alterations in the rules and disciplinary code that may be made from time to time.
- 4. I / We understand and confirm that the Principal or any person duly authorised, will act in *loco parentis* in any matter and at any time during which I /we have entrusted our child to the care of the school. From start to the end of the school day and 1 hour after sport or event.
- 5. I / We understand that while every reasonable effort will be made to prevent losses or damage to learner's clothing and equipment, the school cannot be held liable for such.
- 6. I / We undertake to reimburse the school for any damage to school property that may be caused by our child.
- 7. I / We jointly and severally undertake to pay school fees and we/I understand the following
  - a. The annual school fees will be a **compulsory** sum of R20 850 pa for 2023 as adopted by the majority of parents at the AGM. (2024 fees not yet available)
  - b. The annual hostel fees will be a **compulsory** sum of R41 700 pa for 2023.
  - c. School fees are payable in advance and are due on the first day of school.
  - d. Our payment options are as follows:
    - i. Fees can be paid in full. 5% discount if paid by 28 February.
    - ii. Fees can be paid quarterly in advance at the beginning of each quarter.
    - iii. Fees can be paid off in 10 equal monthly instalments (Jan Oct)
  - e. A deposit of **R4 500** (school) & **R9 000** (school & hostel) is requested when your son has been accepted. This amount will be deducted from the compulsory annual fees and credited to the **last Term** fees.
  - f. In terms of family law, parents are jointly and severally liable for the payment of the school fees irrespective of their marital status.
  - g. In the event of non-payment of school fees the school will sue both parents irrespective of maintenance and court orders which may exist between the parties.
  - h. In terms of Section 39 of the South African Schools Act, the parties to this form are liable to pay compulsory school Fees.

- i. In terms of Section 40 and 41 of the South African Schools Act, the school may enforce the payment of these compulsory fees.
- j. The parties to this application, undertake to pay all legal costs, including attorney / client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees;
- k. Fees are due and payable at the end of each month.
- l. Parents who are unable to pay school fees may apply for exemption of these fees.
- m. The school may hold and process by computer or otherwise any information obtained about the parents as a result of their liability for school fees.
- n. The school may conduct a credit enquiry and/or credit information search about the parents with a credit information bureau, persons acting as their agents and / or credit grantors.
- o. The school may transmit details of how the parent/s have performed in meeting their obligations in terms of their school fee obligations and share such information with other credit grantors for the purpose of making any credit risk management related decisions.
- p. If Parents/s fail to meet their school fee obligations the school may record the Parent/s non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
- q. Should there be a dispute on your statement of account please notify the Bursar in writing.
- r. Financial records and agreements are only available in English.
- 8. I / We undertake to give **one terms** notice in writing of any intention to remove my/our child from the school and furthermore to return any books and/or equipment belonging to the school which our child may have. This agreement will exist until the learner/pupil leaves the school and all outstanding fees are paid up.
- 9. I / We agree that our child be permitted to undertake group Edumetric and Psychometric tests which have been approved by the Director of Education.
- 10. I/ We agree that if our child is over the compulsory school-going age (15 years) he/she will attend school regularly and will only be absent for medical reasons.
- 11. I/We understand that the school reserves the right to verify all information supplied to them via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application.
- 12. I / We accept responsibility for immunizing our child / children against contagious diseases and normal infections, and shall produce proof thereof if required to do so.

- 13. I/We accept the responsibility of the pupil's transport to and from the school;
- 14. I / We undertake to inform the principal of our child's / children's absence from school. Parents / guardians declare that they are prepared to produce a doctor's certificate if and when required;
- 15. I / We undertake to support the school's constitution and policy of admission, as defined and implemented by the Governing Body of the school.
- 16. I / We understand that smoking in school uniform and the abuse of any drug or alcoholic beverage is an infringement of the critical school rules and will not under any circumstances be tolerated.
- 17. The signatory hereto hereby chooses *domicillium citandi et executandi* as indicated below. In the event of a change of address, parents are to notify the school in writing.
- 18. This commitment in its entirety will be valid from the day on which it is signed by the parent / guardian to the day on which the pupil officially leaves the school.
- 19. I/ We accept on behalf of our son(s), the school and hostel rules as set out in the General Code of Conduct, and any disciplinary action that may be taken by the school arising from offences within the framework of the rules.
- 20. I / We acknowledge that completion of this form does not necessarily imply confirmation of our son(s) acceptance at Muir College. (This will be done by letter from the Headmaster).

I/we declare that the information given in this application is correct and true.

The parent / guardian declares that he / she is the legal guardian of the child and is entitled to sign this document, and shall be bound hereto both as parent / guardian, and in his / her personal capacity.

ADDRESS:	The signatory hereto hereby chooses domicillium citandi et executandi (official
address) as:	

#### **DECLARATION: PARENT**

Governing Body or his designate, permission to check and confirm any of the details listed by me. I understand that should any of the information supplied by me is found to be false; action may be taken against me as in point 11 above.					
Signed on this					
SIGNATURE					
N.B.: APPLICATIONS WILL ONLY BE CONSIDERED IF ACCOMPANIED BY THE DOCUMENTS MARKED WITH AN ASTERISK (*)					
<ul> <li>* Proof of residence in our feeder area (Lights and Water account)</li> <li>* The learner's December 2023 &amp; March 2024 school report.</li> <li>* Proof of guardianship if you are the legal guardian.</li> <li>* One (x2 for boarders) recent ID- size photograph of the learner, to be attached to this form</li> <li>* A CERTIFIED copy of the learner's Unabridged Birth Certificate.</li> <li>* Copies of both parent's / guardian's ID document.</li> <li>* A affidavit if either parent is not involved at all stating such.</li> <li>* The transfer card from the previous school (only once accepted)</li> <li>* Proof of income.</li> <li>a) If employed, certified copies of recent salary slip of BOTH parents</li> <li>b) If unemployed a letter from the Department of Labour indicating your last date of employment</li> <li>c) If self employed a copy of the last audited Income Statement or a letter from SARS indicating your income.</li> </ul>					
SIGNATURE - SIGNATURE -					
PARENT 1 / GUARDIAN PARENT 2 / GUARDIAN					
<u>DECLARATION: NON-PARENT RESPONSIBLE FOR FEES</u>					
I, the undersigned undertake to legally bind myself to paying school fees due for learner during schooling at Muir College Boys' High School and any affiliated Primary section as a guardian other than the parent listed on this form					
Signed on this					
SIGNATURE WITNESS					





# MUIR COLLEGE APPLICATION FOR ADMISSION OF PUPIL TO HOSTEL (SIR THOMAS MUIR HOUSE)

Admi	ssi	on	No	

The completed form shall be kept for as long as the pupil remains in the hostel and therefore for as long as boarding fees are owing by the parent / guardian.

In cases where debts are transferred to the Attorneys for collection, this form and other application correspondence must accompany the application for transfer.

		PUPILS DETAILS
1.	Name of pupil in full:	
2.	Date of birth:	
3.	Name of present school:	•••••••••••••••••••••••••••••••••••••••
4.	Present Grade:	
5.	Date on which admission is	desired:
6.	Particulars regarding pare	nt / guardian:
	F	'ATHERS DETAILS
<i>c</i> 1		
6.2	Residential address:	
		***************************************
6.3	Postal address:	
		***************************************

6.4	Occupation:	
6.5	Identity number:	
6.6	Contact Details	Home:
		Work:
		Cell. No.:
6.7	Marital status:	• • • • • • • • • • • • • • • • • • • •
6.8	Name of employer:	
	Address of employer:	• • • • • • • • • • • • • • • • • • • •
		***************************************
		••••••
	Telephone No.:	••••••••••••••••••••••••••••••••••••
6.9	Medical Aid:	•••••••••••••
	Medical Aid Number:	
		MOTHERS DETAILS
		***************************************
6.11	Residential address:	
6.12		
	Postal address:	
5.13	Postal address: Occupation:	
5.14	Occupation:	
5.14	Occupation:	
5.13 5.14 5.15	Occupation: Identity number:	

6.16	Marital status:							
6.17	Name of employer:							
	Address of employer:							
		•••••						
		•••••••••••••••••••••••••••••••••••••••						
	Telephone No.:	***************************************						
6.18	Medical Aid:	***************************************						
	Medical Aid Number:							
7.	Reason's for leaving the							
	***************************************							
		• • • • • • • • • • • • • • • • • • • •						
8.	Has pupil any health prob specify:	lems or physical handicaps? If so, please						
	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •						
9.	Previous operation dates:							
10.	Underline diseases which pupil has had: Measles; German Measles; Whooping Cough; Chicken Pox; Mumps; Scarlet Fever; Diphtheria; Rheumatic Fever.							
11.	Underline diseases against which pupil ahs been immunized: Poliomyelitis; Diphtheria, Whooping Cough; Tetanus; Tuberculosis; (BCG); Measles; Mumps.							
12.	Name of Doctor to be call	ed during illness:						
13.	Contact Details: Office:							
	Cell. No.	:						
13.	Religious denomination:							
14.	Declaration and undertaki	ng by parent / guardian:						
14.1	I the undersigned parent hereby declare that the parent my knowledge correct, and	/ guardian of the abovementioned child particulars, As furnished, are to the best of d undertake: -						
14.1.1	making use of the accommodule boarding fees for one so general supervision of the supervision of the accommodule boarding the supervision of the supervision	plication being successful and my child not modation, to accept liability for the full chool quarter, unless the committee having the hostel decides otherwise: in the event as successful and my child making use of the						

accommodation from a date later than that mentioned in paragraph 5 above, to accept liability for the full boarding fees from the date stated in paragraph 5 above, unless the said committee decides otherwise:

- 14.1.2 to give written notice not less than one school quarter in advance of my intention to remove my child, except in cases where the committee has accepted shorter notice and, if I fail to comply herewith, to accept liability for the full boarding fees for the child until the end of the school quarter in respect of which notice should have been given:
- 14.1.3 to pay boarding fees payable, as by the Governing Body from time to time, either monthly or quarterly in advance:
- 14.1.4 to abide by the internal rules of the hostel:
- 14.2 The Superintendent stands in *loco parentis* to all pupils in the hostel and is hereby empowered to act as such as my agent in all emergencies and medical or other matters.

Signature of	Date
Patent / Guardian	Date

#### PLEASE TAKE NOTE OF THE FOLLOWING:

- In terms of the rules relating to hostels a boarder whose fees for any particular quarter have not been paid in full at the end of that quarter shall be excluded from the hostel from the beginning of the next succeeding quarter and may not be readmitted until the arrear boarding fees have been paid.
- 2. Muir College does not accept liability for any loss of or damage to the personal effects of boarders, irrespective of how such loss or damage is caused.
- Parents are very strongly advised to insure their children's possessions against fire, theft, etc.

# APPLICATIONS WILL ONLY BE CONSIDERED IF ACCOMPANIED BY THE FOLLOWING DOCUMENTS

- Copy of birth certificate
- Copy of Medical Aid Card
- I.D. Photograph of pupil
- Deposit of **R4 500** on acceptance to the hostel is payable. (Hostel fees for 2024 are R44 700-00 per annum, 2025 fees are not available at present)

### OFFICE USE

Accepted	as	a	boarder	at	Sir	Thomas	Muir	House	(Hostel)	on:
					g	* * * * * * * * * * *				