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 - 2026

Please complete the Muir College Application form for next year and return to us by Friday, 30 May 2025.

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 must accompany your application form:-

- > PUPIL'S REPORT: a copy of his December 2024 & March 2025 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 2025

D. D. Francis

Headmaster

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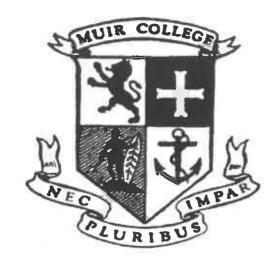
www.muircollege.co.za

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.

	(Principals	s name),			
rincipal of		(Schools full name)			
ereby confirm that		(Le	arner's full name)		
currently enrolled In Grade	at the above mo	entioned school.			
ate on which the learner was	enrolled at the above mention	ed school.			
	follows: (Please put a cross in		======		
CADEMIC PROGRESS TO DATE	, (paca paca				
VERY GOOD	GOOD	ADEQUATE/SATISFACTORY	REQUIRING SUPPORT		
HAVIOUR/ DISCIPLINE					
VERY WELL BEHAVED	GOOD	ADEQUATE/SATISFACTORY	REQUIRES ATTENTION		
ORK ETHIC / APPLICATION TO TASKS					
WELL MOTIVATED.	GOOD. DOES ALL THAT IS	DOES ONLY WHAT IS	REQUIRING CONSTANT		
REGULARLY DOES MORE THAN IS REQUIRED	REQUIRED AND MORE AT TIMES.	REQUIRED / REQUIRES MOTIVATION AT TIMES	MOTIVATION AND SUPPORT.		
ARENTAL INVOLVEMENT AND SUPPORT / H	OMEWORK				
PARENTS ARE ACTIVELY INVOLVED AND VERY SUPPORTIVE	GOOD, REGULAR SUPPORT.	FAIR TO ADEQUATE SUPPORT AND INVOLVEMENT	LITTLE EVIDENCE OF INVOLVEMENT AND SUPPORT		
NANCIAL COMMITMENT		INVOLVENT	INVOLVENIENT AND SOFFORT		
TOTAL TOTAL		PAIR BARPARS TRAIR TO CHIR A			
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					
		1			
<u>ATE</u>			ahaal Ctarra		
			cnool Stamp		
		3	School Stamp		

MUIR COLLEGE BOYS' HIGH SCHOOL, UITENHAGE



APPLICATION FOR ADMISSION

OF

(Learner's Full Names)

FOR THE YEAR 2026

FOR OFFIC	CIAL USE ONLY
PUPIL'S ACADEMIC REPORTS (December 2024 & March 2025 reports)	VERIFICATION OF INFORMATION (Form)
PUPIL'S <i>UNABRIDGED</i> BIRTH CERTIFICATE	REFERENCE
PHOTOGRAPH OF PUPIL (Passport size, head & shoulders)	PROOF OF INCOME (Both parents)
I.D. OF FATHER (If deceased, a death certificate is required)	PROOF OF INCOME (Person other than parents)
LD. OF MOTHER (If deceased, a death certificate is required)	LD. OF PERSON RESPONSIBLE FOR THE PAYMENT OF FEES
PROOF OF RESIDENTIAL ADDRESS	DEPOSIT RECEIVED (Only if/when application is approved)

1	LEARNER'S INFORMATION					
(a)	First Name/s					
	Surname					
	I.D. Number					
	Date of Birth					
	To be admitted to Grade:					
	Age	Years			Months	
	Nationality					
	Population Group / Ethnicity					
	Home Language			Second	Language	
	Number of Children in Family			7.		
	Number of Children at Muir			Grade/s		
	Learner's Residential Address					
		City/District:			Po	Postal Code:
	Learner resides with his –	Mother	Fath	ег	Both Parents	Another Person
	Emergency Telephone No.				(See al	so Section 2 belo
	Learner's Cell Phone Number					
(b)	If the Learner is not a South	African c	itizen, pleas	e provide	the following	information:
	Immigrant Pupil / Passport No.					
	Study Permit Number				Expiry Date:	
	Permanent Residence Permit No.				Expiry Date:	
	Temporary Residence Permit No.				Expiry Date:	
2	EMERGENCY CONTACT	PERSON	N (other than	parents)		
	First Name/s					
	Surname					Title:
	Residential Address					
	of Emergency Contact Person					
		City/Dis	trict:		Po	ostal Code:
	Telephone Numbers	Home:		V	Vork:	
	Telephone Numbers Relationship to Learner	Home:		V	Vork:	

Surname Surname Father's Residential Address City/District: Postal Code: Occupation Employer / Company Name If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: City/District: Postal Code: Home: Work: Cell: L.D. Number Marital Status (If remarried, fill in page 5, section 36) B-mail Address
Father's Residential Address City/District: Postal Code: Occupation Employer / Company Name If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 3)
Residential Address City/District: Postal Code: Occupation Employer / Company Name If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Occupation Employer / Company Name If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Employer / Company Name If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
If employed by the Dept of Education, name the school or district office: Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Employee or Persal Number Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Income Tax Number. Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Physical Work Address City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
City/District: Postal Code: Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Telephone Numbers Home: Work: Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 36)
Telephone Numbers Cell: I.D. Number Marital Status (If remarried, fill in page 5, section 3)
I.D. Number Marital Status (If remarried, fill in page 5, section 3)
Marital Status (If remarried, fill in page 5, section 3(
(3 ,3 ,7)
Is the Father an Old Muirite?
3 PARTICULARS OF BIOLOGICAL MOTHER (b) First Name/s
Surname Title:
Mother's Residential Address City/District: Postal Code:
Occupation
Employer / Company Name
If employed by the Dept of Education , name the school or district office:
Employee or/ Persal Number
Income Tax Number
Physical Work Address City/Districts Part Codes
City/District: Postal Code:
Telephone Numbers Home: Work: Cell:
I.D. Number
Marital Status (If remarried, fill in page 5, section 3
E-mail Address

	PARTICULARS OF	LEGA	L GU	ARD	LA	N (if not one	of the Learne	er's pa	rents)	
)	Full Names									
	Surname									
	Guardian's Residential Address Occupation Employer / Company Name If employed by the Dept of Edu									
ł			City/I)15tri	ct:			P	ostal Code:	
-										
			cation,	, nam	ne ti	ne school or d	istrict office:			
	Employee or Persal Num	iber								
	Income Tax Number									
	Physical Work Addres	-	City/I	Distri	ct:			P	ostal Code:	
1			Home: Work:							
	Telephone Numbers		Cell:							
1	I.D. Number									
	Marital Status									
	E-mail Address									
)		Street		If S	elf-	Employed –				
		Street								
	Business Address	Suburb								
		City / District					P/Code:			
			P O Box Number							
	Postal Address		Suburb / Post Office							
-		City /	District	t					P/Code:	
1	Work Telephone No.									
	Gross Yearly Turnover									
	Type of Business									
	Inception Date	From:		/		/				
	Ownership Status	Sole C)wner		P	artnership	CC		Company	
	If Pensioner , indicate the source of Pension	State					Private			
	Name of Pension Fund									
	Pension Number									
	Gross Yearly Pension									
				If	Un	employed –				
	UIF / Unemployment Number									

3	PARTICULARS OF STE	PMOTHER	
e)	First Name/s		
	Surname		
	Stepmother's Residential Address	City/District:	Postal Code:
	Occupation		20000
ĺ	Employer / Company Name		
	If employed by the Dept of E	lucation, name the sch	ool or district office:
	Employee or Persal Number		
j	Income Tax Number		
	Physical Work Address	City/District:	Postal Code:
		Home:	Work:
	Telephone Numbers	Cell:	7, Can
	I.D. Number		
	Marital Status		
	E-mail Address PARTICULARS OF STE Full Names		
3 (f)		PFATHER	
(1)			
	Surname		
	Stepfather's Residential Address	City/District:	Postal Code:
	Occupation	0113/12/10/1101	1 00111 00001
	Employer / Company Name		
	If employed by the Dept of E	ducation, name the sch	nool or district office:
	Employee or Persal Number		
	Income Tax No.		
	Physical Work Address		
		City/District:	Postal Code:
	Telephone Numbers	Home:	Work:
	I.D. Number		
	Marital Status		
	E-mail Address		

3	Who is responsible for the payment of (Is it the father, mother, or another person				
(g)	If you are the Legal Guardian of the Learn your relationship to him: e.g. Grandparent	er, please indic			
(h)	Is the Learner an adopted child? (Yes/No)			
4	BOARDING				
(a)	Do you wish the Learner 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 remedia	l education?			
	If so, please specify:				
(b)					
	If yes, please specify which grade/s:				
6	CURRENT/MOST RECENT SCH	OOL			
(a) Full name of the school most recently attended by the Learner					
	School Address				
		//District:			Postal Code:
	School Telephone Number				
	School E-Mail Address				
(b)	Last grade passed				
7	RELIGION / RELIGIOUS DENOM	INATION			
	LEDICAL AND DOVCHOLOGIC	AT THORON			
8	MEDICAL AND PSYCHOLOGIC	AL HISTOR	<u> </u>	_	
(0)	Medical Aid Scheme				
(a)	Medical Aid Number				
	Name of Main Member				
(h)	Does the Learner have, or has he had, any medical, psychological or other condition that has affected or may affe	ot			
(b)	his academic progress, behaviour or	UL			
	adjustment? If so, please provide detail	s.			
(c)	In case of illness, please indicate your	Doctor		Tel No.	
	preferred doctor & dentist in Uitenhag	e. Dentist		Tel No.	

d)	Underline illness(es) the Learner has had	Measles	, Whoopin	ig Cough,	Chicke	n Pox, M	lumps
(e)	Other illnesses - eg Asthma, Epilepsy, etc.						
f)	Surgical operation/s the Learner has had. (Give date and nature of operation/s.)						
g)	Please <u>underline</u> the illness/es against which the Learner has been immunized	Whoopi	llosis (B.C ng Cough, , Covid19	Measle			-
h)	Dexterity of Learner		Handed		Left-H	landed	
		Ambid	lextrous				
i)	Social Grant	Yes			No		
9	EXTRAMURAL HISTORY AND AC	THEY	MENTS				
(a)	Sport:		MILLIAIS				
a.1	Does the Learner participate actively in a school sports programme?	_					
a.2	If the answer to a.1 is "NO", please specify the reason.						
a.3	Please specify the sport/s in which he takes part, and the level at which he participates – eg. U11B Cricket; 2 nd Team Hockey; EP Schools Rugby; etc						
(b)	Cultural and other activities: Please specify societies, clubs or groups (in OR out of school) of which the Learner is a member, or in which he has shown an active interest.						
(c)	Leadership: If the Learner has been selected at some stage to play a leadership role at school or in a sport, society or club, please give details. (e.g. Prefect, Captain, Chairman, etc.)						
(d)	Awards: Please supply details of Prizes, Medals and Awards received by the Learner in and out of school.						
(e)	Additional Talents (excluding Academic and Sporting ability): Please provide details of any special talents which have revealed themselves STRONGLY – e.g. Art, Music, etc.						
10	ADDITIONAL RELEVANT INFORMATI	ON					

UNDERTAKING BY PARENT/S OR GUARDIAN/S

hereinafter 'the Learner', to MUIR COLLEGE BOYS' HIGH SCHOOL, hereinafter 'the School', and confirm that the Learner complies with the School's official criteria for admission.

2. I / We hereby certify that I / we have legal custody and/or guardianship in respect of the above-named Learner.

3. Rules & Disciplinary Code

- a. I / We undertake to adhere to the rules and the provisions of the Disciplinary Code of Conduct of the School (and any amendments thereto) that may be relevant to me/us in my/our capacity as the parent/s or guardian/s of the Learner.
- b. I / We agree and accept that the Learner shall at all times be subject to the rules and the Disciplinary Code of Conduct of the School (and any amendments thereto), and I/we undertake to support the School in the enforcement of such rules and the code.
- 4. I / We hereby authorise the Principal, or any person duly authorised by him/her, to act *in loco* parentis in respect of any matter pertaining to the Learner while he is entrusted to the care of the school, from the start to the end of the school day and while the Learner is engaged in duly authorised extramural activities at or under the auspices of the school.
- 5. I / We understand that, while every reasonable effort will be made to prevent losses of or damage to a learner's clothing and personal possessions, the School cannot be held liable for any such losses or damage.
- 6. I / We undertake to reimburse the School for any loss or damage to School property that may be caused by the Learner.

7. School & Hostel Fees

I / We jointly and severally undertake to pay all school fees in accordance with the following:

- a. The compulsory annual tuition fees for the forthcoming year are announced in November each year, following adoption of a resolution by the majority of parents present at a general meeting of parents convened for this purpose.
 (Note: The compulsory tuition fee for the 2025 academic year is R23 000 per annum.)
- b. The **compulsory annual hostel fees** for the forthcoming academic year are announced in November each year, following adoption of a resolution by the majority of parents present at an annual meeting held for this purpose.

 (Note: The compulsory hostel fee for the 2024 academic year is R48 300 per annum.)
- c. School fees are payable in advance, and are due on the first day of the school year.
- d. Payment options are as follows:
 - i. Fees paid in full by 28 February are subject to a 5% discount.
 - ii. Fees may be paid quarterly in advance at the beginning of each quarter.
 - iii. Fees may be paid in ten (10) equal monthly instalments, the first instalment being due on the first day of the academic year (in January), with each of the remaining instalments being due on the first day of each of the following nine (9) months—ie from February to October.

- e. For 2026, a deposit of **R4 500** in respect of tuition fees for day scholars, and a further deposit of **R4 500** in respect of hostel fees for boarders are required when a Learner is first offered admission to the School. If all monthly instalments have been paid by the due date each month, deposits will be credited to the Learner's fee account in the **last term**. In addition, a **book deposit** is required before a learner is admitted to the School. (Details regarding book deposits are available from the School Secretary or the Finance Manager.)
- f. In accordance with family law, parents are jointly and severally liable for the payment of the school fees of their children, irrespective of the marital status of the parents.
- g. In accordance with the South African Schools Act, the parents/guardian/s of a learner are liable to pay compulsory school fees.
- h. In terms of Sections 40 and 41 of the South African Schools Act, the school may, through process of law, enforce the payment of compulsory school fees.
- i. In the event of the non-payment of school fees, the School will be obliged to commence formal proceedings that may lead to legal action against either or both parents, or the legal guardian of the Learner.
- j. The signatories to this admission application undertake to pay all legal costs, including all attorney/client fees and collection costs that may be incurred by the School in the event of the School having to take legal action for the recovery of school fees.
- k. [Rescinded.]
- 1. Parents who are unable to pay school fees may apply for partial or temporary relief, or exemption from fees.
- m. The School may hold and process by computer or other means any information obtained by the School regarding the parents/guardians in relation to their liability for the payment school fees.
- n. The School may conduct a credit enquiry and/or credit information search regarding the parents/guardians either through a credit information bureau, or persons acting as their agents and/or credit grantors.
- o. The School may transmit details regarding the parents' or guardians' performances in meeting their obligations in terms of the payment of school fees, and may share such information with registered credit grantors for the purpose of credit risk management and related decisions.
- p. If parents or guardians fail to meet their school fee obligations, the School may report the parents' or guardians' non-performance to a registered credit information bureau. Any information conveyed to a credit information bureau will thereby become available to other credit grantors and may be used by them in making credit risk management decisions.
- q. Should there be a query or a dispute regarding any statement of account pertaining to any school fees, the Bursar must be notified of the details in writing as soon as possible.
- r. The School's financial records and agreements are available only in English.
- 8. I / We undertake to give one term's notice in writing of any intention to remove the Learner from the School, and furthermore agree to return any books and/or equipment belonging to the School which the Learner may have in his possession. I/We accept that this undertaking will endure until the Learner has left the School and all outstanding fees have been paid in full.
- 9. I / We agree that the Learner may participate in edumetric and psychometric tests and/or assessments that 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 permitted to be absent for bona fide medical reasons.

- 11. I / We understand and accept that the School reserves the right to verify all information supplied to it in this application. We accept that, in the event of the submission of false information or fraudulent documentation, the School reserves the right to lay criminal charges against any of the parties to this application.
- 12. I / We accept responsibility for the immunization of the Learner against contagious diseases and normal infections, and shall produce proof thereof if required to do so.
- 13. I/We accept the responsibility for the Learner's transport to and from the School,
- 14. I / We undertake to inform the Principal of the Learner's absence from school at the earliest opportunity, and declare that we are willing to produce a doctor's certificate if and when required.
- 15. I / We undertake to accept and support the School's constitution, policies (including those pertaining to admission), Code of Conduct, rules, regulations and procedures as approved by the Governing Body of the School, or by the Headmaster, or by the relevant national or provincial education authorities, as appropriate, whether or not such policies, rules, regulations and procedures have been formally published.
 - (Note: A copy of the Code of Conduct is displayed at the School, and the policies, rules, and regulations are available for inspection on request.)
- 16. On behalf of the Learner and of myself/ourselves, I / we accept the Code of Conduct and the Rules of the hostel, and undertake to respect any disciplinary action that may be taken by the School arising from offences within the framework of the said Code and Rules.
- 17. I / We specifically understand and accept that the following acts by a learner while he is in School uniform or on School premises or while engaged in any formal activity associated with the School are infringements of the fundamental rules of the School, and will not be tolerated or condoned under any circumstances:
 - a. the possession or smoking of tobacco or related substances;
 - b. the possession or use of any vaping materials;
 - c. the possession or use of any narcotic drug; and
 - d. the possession or consumption of alcohol.
- 18. The signatory/ies hereto hereby choose/s as his/her/their domicilium citandi et executandi the address indicated below. In the event of a change of domicile, parents are required to notify the school of such change in writing.
- 19. This undertaking will be valid in its entirety from the day on which it is signed by the parent/s or guardian/s until the Learner has officially left the School and all outstanding fees have been paid in full.
- 20. I / We acknowledge and accept that completion of this form will not automatically result in confirmation of our son's acceptance at Muir College. (Note: Notification of acceptance or rejection will be conveyed to the applicant/s via a letter from the Headmaster.)
- 21. I / We hereby declare that I / we am/are the legal guardian/s of the child and that I / we am/are entitled to sign this document, and shall be bound hereto both as parent/s or guardian, and in my / our personal capacity.

: The signatory/signatorie citandi et executandi the	e following physical addr	ess:	

DECLARATION: PARENT/S OR GUARDIAN

I / We,	
signature below, I / we give the Chairman of to check and to confirm any of the details list	e have provided in this form is true and correct, and by the School Governing Body or his designate permission ted by me/us. I / We understand that, should any of the false, action may be taken against me/us in accordance
Signed on this	lay of 20
FATHER'S SIGNATURE	WITNESS
MOTHER'S SIGNATURE	WITNESS
GUARDIAN'S SIGNATURE	WITNESS
DECLARATION : NON-PARENT RESPO	NSIBLE FOR FEES
the undersigned, undertake legally to bind 1	myself to paying the Learner's school fees during his al and any affiliated Primary section as a guardian other
Signed on this	day of 20
SIGNATURE	WITNESS

APPLICATIONS WILL BE CONSIDERED ONLY IF ACCOMPANIED BY THE FOLLOWING:

- proof of residence in the School's feeder area (e.g. a Lights and/or Water account)
- the Learner's December 2024 & March 2025 school report
- proof of guardianship if you are a legal guardian other than the biological parents of the Learner
- one (2 for boarders) recent passport-size photograph of the Learner, to be attached to this form
- a CERTIFIED copy of the Learner's UNABRIDGED birth certificate
- copies of both parents' / guardians' ID documents
- if either parent is not involved at all in the care of the child, an affidavit stating such fact, with reasons
- proof of income, as follows:
 - a) if employed, certified copies of recent salary slip of BOTH parents
 - b) if unemployed, a letter from the Department of Labour indicating your last date of employment
 - c) if self-employed, a copy of your last <u>audited</u> Income Statement or a letter from SARS indicating your income.
- NB If this application is successful, an official transfer card from the previous school will be required before admission.





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

Adm	issi	on N	٥.
. 272	. 777		7.0

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.

		UPILS 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 parer	nt / guardian:
	F	ATHERS DETAILS
6.1	Full name:	(3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
6.2	Residential address:	

6.3	Postal address:	**************************************
		X

6.4	Occupation:			
6.5	Identity number:			
6.6	Contact Details	Home:		
		Work:		
		Cell. No.:		
6.7	Marital status:	200 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 + 400 +		
6.8	Name of employer:			
	Address of employer:	····		

	Telephone No.:	*## * *## * ### * ### * ### * ### * ### * ### * ### * ### * ###		
6.9	Medical Aid:			
	Medical Aid Number:			
MOTHERS DETAILS				
		MOTHERS DETAILS		
		MOTHERS DETAILS		
6.10				
6.10				
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10	Full name:			
6.10 6.11	Full name: Residential address: Postal address: Occupation:			
6.10 6.11 6.12	Full name: Residential address: Postal address: Occupation:			
6.10 6.11 6.12 6.13 6.14	Full name: Residential address: Postal address: Occupation: Identity number:			

6.16	Marital status:		
6.17	17 Name of employer:	989 · 8 · • 88 · • 88 · • • • 88 · • • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 · • 88 ·	
	Address of employer:	5000	
	30.43.43		
		(2.** 2.5.** CE2** (2.** CE2*** CE2**	
		• • • • • • • • • • • • • • • • • • • •	
	Telephone No.:		
6.18	18 Medical Aid:		
	Medical Aid Number:		
7.	Reason's for leaving the present school:		
	28 83 4 84 6 8 8 4 8 8 4 8 8 8 8 8 8 8 8 8 8	69 00 69 600 600 600 600	
8.	Has pupil any health problems or physical specify:	handicaps? If so, please	
	VELLEL 4981.4. 4981.5. 4981.8. 4981.8. 4981.8.		
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 at Poliomyelitis; Diphtheria, Whooping Cou (BCG); Measles; Mumps.		
12.	2. Name of Doctor to be called during illness	s:	
13.	Contact Details: Office:		
	Cell. No.:		
13.	Religious denomination:		
14.	Declaration and undertaking by parent / 9	guardian:	
14.1	I the undersigned parent / guardian of the abovementioned child hereby declare that the particulars, As furnished, are to the best omy knowledge correct, and undertake: -		
14.1	1.1.1 In the event of this application being making use of the accommodation, to accommodation fees for one school quarter, ageneral supervision of the hostel decided this application being successful as	cept liability for the full unless the committee having des otherwise: in the event	

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.

Date

Signature of	
Patent / Guardian	

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.
- 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.
- 3. 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 R48 300-00 per annum, 2026 fees are not available at present)

OFFICE USE

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

WER CONTROLLED A CONTRACTOR A CONTRACTOR AND A CONTRACTOR