



APPLICATION FOR ADMISSION TO MUIZENBERG HIGH SCHOOL

Application for Grade

NB: Copies of the following documents are required

- * Birth certificate / identification document
- * Previous year end school report (Grade 6)
- * Both parents' identity documents.
- * Proof of residency (electrical / municipal account)

MALE

FEMALE

FULL NAME OF LEARNER

DATE OF BIRTH : DAY MONTH YEAR

HOME LANGUAGE OF LEARNER PRESENT GRADE

Particulars regarding parents or guardians:

(If there are two parents or guardians, both are entitled to vote in elections for the Board of Governors of the School. Therefore information in respect of each parent or guardian should be furnished below.)

FOR OFFICE USE ONLY

Date of Admission		Admission Number	
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FATHER :

NAME

SURNAME

OCCUPATION

EMPLOYER

TEL. (W) (H).....

CELL

E-mail

HOME ADDRESS

.....

.....CODE

MOTHER :

NAME

SURNAME

OCCUPATION

EMPLOYER

TEL. (W) (H).....

CELL

E-mail

HOME ADDRESS.....

.....

..... CODE

Name and address of school last attended by learner

Information regarding learner's medical history/physical condition that the School should be aware of
.....

Number of children in family Is learner 1st/2nd/3rd etc. in family

BROTHERS and/or SISTERS ATTENDING MUIZENBERG HIGH

NAMES CLASS(es)

BROTHERS and/or SISTERS ATTENDING OTHER SCHOOLS

SCHOOL ATTENDING NAME GRADE

SCHOOL ATTENDING NAME GRADE

RELIGIOUS EDUCATION - As Parent/Guardian of this applicant, do you have any conscientious objection to his/her being present when instruction in Religious Education is given [YES / NO]

Signature of parent/guardian Date

Nature of relationship (e.g. father / mother / guardian

EMERGENCY CONTACT PERSONS

NAME Tel No :

Relationship to learner Cell No

NAME Tel No

Relationship to learner Cell No

UNDERTAKING BY PARENTS / GUARDIANS

1. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the above named learner.
2. I/We undertake to adhere to the school rules and disciplinary code and to the various alternations in the rules and disciplinary code that may be made from time to time.
3. 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 beheld liable for such.
4. I/We undertake to reimburse the school for any damage to school property that may be caused by our child.
5. I/We jointly and severally undertake to pay school fees and I/we understand the following:
 - (a) In terms of Section 39 of the South African Schools Act the parties to this form are liable to pay compulsory school fees. In terms of Section 40 of the South African Schools Act the school may enforce the payment of these compulsory fees.
 - (b) Fees are due and payable at the beginning of each month with effect from 1 February to 1 November.
 - (c) Parents who are unable to pay school fees may apply for a subsidy.
6. I/we undertake to give 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 he school which our child may have.
7. I/we undertake to notify the school immediately and in writing of any changes to our personal particulars or contact details.
8. I/we undertake to inform the school / educator / principal of the child's / children's absence from school. Parents/guardians declare that they are prepared to produce a doctor's certificate if and when required.
9. I/we undertake to support the school's constitution and policy of admission as defined and implemented by the Governing Body of the school. We declare that all information supplied is true and are aware that the application can be refused on the grounds of dishonesty.
10. 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.
11. I/We accept the responsibility of the learner's transport to and from school.

SIGNATURE OF FATHER / GUARDIAN 1 **DATE**

SIGNATURE OF MOTHER / GUARDIAN 2 **DATE**

FATHER'S ID NUMBER:

MOTHER'S ID NUMBER:



MUIZENBERG HIGH SCHOOL

Application for Admission to Grade . . .

Applicant Information Form

This form must be completed by the pupil applicant in his or her own writing and should be submitted together with the Application Form and other documents

Please note there are TWO SIDES to this form.

1. PERSONAL INFORMATION

Name :
Present School :

2. ACADEMIC INTERESTS

Your favourite examination subject (This year) :
Why do you like that subject?

3. CULTURAL INTERESTS

Please fill in any involvement you have had in music, drama, public speaking, dancing (e.g. ballet, modern, ballroom) in the past two years. *Write any special achievements in the space provided.*

Type of Activity (if music, please state what instrument)	In what way you have been involved
Special achievements :	

4. SPORT

Please fill in the name(s) of the sport(s) you are playing this year and state what team (if any). If you play for a club, write the name of the club next to the sport. Write any special sporting achievements in the space provided

Sport	Team
Special Achievements :	

5. LEADERSHIP POSITIONS

Please list any leadership positions which you hold or have held in the past (e.g. prefect, monitor, captain)

6. OTHER SPECIAL ACHIEVEMENTS AND INTERESTS

Please list any special achievements or interests which you have not written in any other place on this form. If you have any hobbies or special interests, they can be listed here.

7. FURTHER INFORMATION ABOUT YOURSELF

Please tell us something about yourself, e.g. what you enjoy doing in your leisure time or during the school holidays; whether you have brothers and sisters; anything special or exciting that you have done or that has happened to you; your ambitions or plans for the future, etc.

YOUR SIGNATURE **Today's date**

Signature of parent or guardian to certify that the form has been filled in by the pupil applicant:

..... **Date :**

Father / Mother / Guardian



MUIZENBERG HIGH SCHOOL

P.O.BOX 6. MUIZENBERG. 7950

TELEPHONE: 021 788 1424 / 788 8947

EMAIL: admin@muizenberghigh.org.za /

parents@muizenberghigh.org.za

School Gmail Communication with Parents / Guardians

Learner's Name & Surname: _____

To streamline communication home the school will create a **compulsory** School Gmail account for each family. This account will be used amongst other things to communicate the following information:

- The child's academic progress and concerns
- School newsletters
- Day to day reminders
- Parent /Guardian and teacher communication

Please provide the following information for **ONE parent / guardian** who will receive school communication.

Option 1: If your child has a sibling at MHS in 2023, please provide the following information:

Sibling's first name: _____

Sibling's surname: _____

Sibling's grade in 2023: _____

OR

Option 2: If your child does not have a sibling at MHS, please provide the following information:

Parent / Guardian's first name: _____

Parent / Guardian's surname: _____

Please note that the school will only communicate on email with parents or guardians using the school allocated Gmail address. This email address will be issued to learners when schools open in 2023.

**Acting Principal
(P. Cupido)
March 2022**



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16 November 2022

Dear Prospective Parents / Guardians

To assist all learners to perform to the best of their academic abilities, we need you to complete the following form and return it in a sealed envelope marked "Confidential". This will only be viewed by the counsellor and Grade Head on admission. Your child's application will be incomplete if this form is not returned.

Learners name:		
Date of birth:	Age:	Class:
Junior or Primary school attended:		
Has your child repeated any grades?	YES	NO
If YES, what grade and what year:	Grade:	
	Year:	
Has your child been Allowed to Pass (ATP) or Passed with Support (PWS)?		
If YES, what grade and what year:	YES	NO
	Grade:	
	Year:	
Do you know if your child has a learning disability?	YES	NO
If YES, identify it from the list below:		
Dyslexia	YES	NO
Dyscalculia	YES	NO
ADD -	YES	NO
ADHD	YES	NO
If none of the above, please state any other:		
If YES to any of the above mentioned learning disabilities, then please answer the following questions:		
Have you had your child tested by an educational psychologist?	YES	NO
If YES, where and when:	Nb. Please provide the report in an envelope with this form so that the school can make a copy for our records.	
Any additional information that we need to know regarding your child (e.g. health conditions affecting learning or any other issue that might affect the child's ability to learn):		
Please provide us with the Name and contact details of the parent that we should contact in case of emergencies; or state who the child stays with if not with both parents:		

Thank you

Mrs S Dreyden & Mrs R Layman
(Grade 8 Grade Heads)

Mrs L Bam (Life Coach)