

# McAuley House

A Mercy, Catholic, Independent School



A current  
Passport sized  
PHOTO  
of the pupil

## APPLICATION FOR ADMISSION

Tel:(011) 726 1310 ❖ [www.mcauleyhouse.co.za](http://www.mcauleyhouse.co.za) ❖ Cnr Napier & Sansouci Road, Parktown West  
Email: [primaryschool@mcauleyhouse.co.za](mailto:primaryschool@mcauleyhouse.co.za) ❖ Email: [highschool@mcauleyhouse.co.za](mailto:highschool@mcauleyhouse.co.za)

ACC REF:

FINANCIAL CHECK:

SCHOOL STAMP:

**INSTRUCTIONS: THIS IS ONLY AN APPLICATION FORM. MCAULEY HOUSE SCHOOL RESERVES THE RIGHT TO ACCEPT OR DECLINE THIS APPLICATION. THE PAYMENT OF R600.00 ADMINISTRATION FEE DOES NOT GUARANTEE ADMISSION TO MCAULEY HOUSE SCHOOL. ONLY HAND DELIVERED APPLICATIONS WILL BE ALLOWED. NO FAXED OR EMAILED APPLICATIONS OR DOCUMENTS WILL BE ACCEPTED.**

**Certified copies** of the following documents must accompany this application:

1. The **identity documents** / passport of parent / guardians
2. The **Unabridged Birth Certificate** / Identity Document / Passport & Study Permit (for Foreign students only), of the pupil
3. The **latest school report** of the pupil
4. Latest School **Fee Statement** for the learner
5. Proof of income for parents / guardians (**3 latest pay slips**)
6. Proof of **residence**
7. **Vaccination / Clinic Card**
8. **Testimonial Form** - Please hand in the testimonial form to the current school to be completed and have them email it back to me.

### ADMINISTRATION FEE (NO CASH ALLOWED)

Proof of payment for **R600 (non-refundable)**

Standard Bank: 003345521

Branch: 004805

Ref: 1160 / child's name + surname

**NB! IF THE PUPIL IS ACCEPTED, AN IMMEDIATE**

**NON-REFUNDABLE ACCEPTANCE DEPOSIT OF**

**R7,000.00 IS REQUIRED. THIS WILL BE CREDITED**

**TO THE SCHOOL FEES AND ESSENTIAL LEVIES.**

## PUPIL'S INFORMATION

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

GRADE AND YEAR APPLYING FOR: *(Circle Grade Applying for & Insert Year of entry- Eg: Grade 1 in 2020)*

Grade	R	1	2	3	4	5	6	7	8	9	10
Year of Entry											

Is this a first time application? \_\_\_\_\_ if NO when did you first apply? \_\_\_\_\_

Do you wish to be considered for earlier entry if a place becomes available? \_\_\_\_\_

MALE / FEMALE \_\_\_\_\_ PUPIL'S DATE OF BIRTH: DD/MM/YYYY CURRENT AGE: \_\_\_\_\_

PUPIL'S I.D / PASSPORT NO: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

DETAILS OF ANY REMEDIAL TEACHING OR THERAPY RECEIVED: \_\_\_\_\_

RELIGIOUS DENOMINATION: \_\_\_\_\_

If Catholic, which sacrament has the Pupil received? Please tick <input checked="" type="checkbox"/>	BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION
Please supply certified copy of relevant certificate				

COMPLETE IF THE PUPIL HAS A SISTER/BROTHER CURRENTLY AT MCAULEY HOUSE SCHOOL (NOT COUSINS)

NAME OF SIBLING	GRADE	DATE OF BIRTH	ACC NO	SPORTS HOUSE

COMPLETE IF THE PUPIL HAS A SISTER/BROTHER CURRENTLY APPLYING AT MCAULEY HOUSE SCHOOL (NOT COUSINS)

NAME OF SIBLING	APPLYING FOR GRADE	NAME OF SIBLING	APPLYING FOR GRADE

# LEGAL DECLARATION

I/We (full name) \_\_\_\_\_, the undersigned, currently residing at (insert full residential address) \_\_\_\_\_ do hereby, subject to the following terms and conditions, apply for the admission of (full name of learner) \_\_\_\_\_ as a learner to McAuley House School.

## I/We declare

1. That I/we am/are the legal guardian(s) of the learner whose details appear on this application form.
2. I/We confirm that all the particulars that I/we may furnish or that have been furnished on this application form shall, to the best of my/our knowledge and belief, be full, true and accurate in every respect.
3. I have read, understood and agree to abide by the Policies of the School as published in the School Diary as well as the Terms of conditions of fee payment issued annually and published on the D6 Communicator and Website.

## I / We undertake:

- To adhere to and abide by the Child Safe guarding Policy (available on the schools website [www.mcauleyhouse.co.za](http://www.mcauleyhouse.co.za))
- To furnish proof of my / our child's age if required.
- To inform the school of any changes in the particulars submitted in the Application Form, especially any changes of address or telephone numbers.
- To ensure that my / our child attends school regularly and timeously and that she/he complies with the Code of Conduct and Rules of McAuley House School. We understand and accept that should she/he break this Code of Conduct, the matter will be dealt with in terms of the school's Disciplinary Procedure.
- To adhere to the Terms & Conditions of McAuley House School.
- To abide by and comply with all the rules and regulations of the McAuley House School, and I/we hereby acknowledge that it is incumbent upon me/us to make myself/ourselves familiar with the all the rules pertaining to the McAuley House School.
- To ensure that my/our child participates in the extra-mural activities at McAuley House School. I/We undertake to support him/her in these activities.

## I/We understand and accept that

- McAuley House School is an Independent Catholic School and I/we, (including my child) will respect and uphold the Catholic ethos of the school and this will include the necessity of my child's attendance and participation in Religious Education classes at school, Masses, Retreats and other Catholic functions or liturgies at school or off the school property.
- It is my/our responsibility to ask my/our child for the statement of account and I/we will ensure that it is given timeously to the person responsible for paying the account.
- Pupils are obliged to attend and participate in Physical education lessons including swimming.

## I / we give permission:

For our child to participate in all activities of the school which the Management of McAuley House School considers desirable, including extramural activities, outings, tours and visits to places outside of the school property.

Signed at Johannesburg this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature: Father / Guardian

\_\_\_\_\_  
Signature: Mother / Guardian

# ACCOUNT DETAILS

## IMPORTANT NOTE:

**THIS SECTION MUST BE FILLED IN BY THE PERSON / PERSONS RESPONSIBLE FOR THE SCHOOL FEES**

1.

NAME & SURNAME: \_\_\_\_\_

IDENTITY NUMBER: 

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TEL NO. : \_\_\_\_\_ EMAIL: *(please print clearly)* \_\_\_\_\_ (NB\*)

RESIDENTIAL ADDRESS: \_\_\_\_\_

2.

NAME & SURNAME: \_\_\_\_\_

IDENTITY NUMBER: 

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TEL NO. : \_\_\_\_\_ EMAIL: *(please print clearly)* \_\_\_\_\_ (NB\*)

RESIDENTIAL ADDRESS: \_\_\_\_\_

## PAYMENT OF FEES

- I/we hereby assume absolute responsibility for the payment of any fees and charges that may fall due as a result of the admittance to McAuley House School, of the pupil whose details appear on this application form.
- I/we acknowledge that school fees are payable in advance by the 1<sup>st</sup> day of each month, from 1<sup>st</sup> January to 1<sup>st</sup> October, and that there are various payment options offered by McAuley House School.
- I/we acknowledge that a term's (3 months) notice is required in writing **or a term's fees are required in lieu of notice**, if a child is withdrawn from McAuley House School. If a pupil leaves the school during term for any reason, whatsoever either at the insistence of the Principal or Parents, the balance of the school fees for that term, will be forfeited or a term's fees in lieu of notice will be payable.
- I/we acknowledge that should any one installment payable in terms hereof not be paid on due-date, then the balance outstanding at the date of the next statement, shall immediately become due and payable by me/us and that no indulgence or grant of time by McAuley House School shall be deemed a waiver of its rights hereunder.
- I/we choose the residential address set out above as my/our domicillium citandi et executandi for the service on me/us by McAuley House School of all notices, processes and other communications.

## I / WE UNDERSTAND AND AGREE THAT:

- That **R3,500.00** of the deposit is **non-refundable** and will be forfeited should the parent(s)/guardian(s) decide for whatever reasons, not to send the learner to McAuley House School.
- School fee refunds will only be given if parents/guardians are withdrawing the learner from McAuley House School after the appropriate notice has been given.
- That in accordance with the rights of an Independent school, should I/we not meet the terms of payment required, I/we might be asked to keep the pupil at home until the arrears are paid.
- Accounts that are continually ignored and no communication is received from responsible parent/guardian will be handed over to our Debt Collectors for the recovery thereof. All costs incurred thereafter, irrespective of whether or not McAuley House School's claim is settled before proceedings are instituted, will be for my/our own account.

**I/we the above mentioned declare that I/we are responsible for the payment of school fees and agree to abide by the above conditions of payment.**

1) \_\_\_\_\_ (sign)

2) \_\_\_\_\_ (sign)

***"I/we hereby consent to McAuley House School or its appointed agents to carry out a credit enquiry in order to establish whether I/we can meet the obligations in terms of this agreement and in the event that I/we fail to meet the obligations, may record my/our non-performance with the application credit bureau."***

Sign: 1) \_\_\_\_\_ Sign: 2) \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT'S / GUARDIAN'S PERSONAL DETAILS

	FATHER / GUARDIAN	MOTHER / GUARDIAN
TITLE		
SURNAME		
NAME		
MARITAL STATUS		
ID NUMBER		
ARE YOU A PAST Mc AULEY PUPIL?		
RELATIONSHIP TO PUPIL		
EMPLOYER		
POSITION IN COMPANY		
OCCUPATION		
WORK TEL		
HOME TEL		
CELL TEL		
PLEASE INDICATE THE CELL NUMBER TO BE USED FOR SMS PURPOSES ONLY BY CIRCLING IT		
EMAIL ADDRESS <i>(please print clearly)</i>		
RELIGION		
STREET ADDRESS		
POSTAL ADDRESS		

### GENERAL DETAILS

Are the pupil's parents/guardians married?	
If not, with whom does the pupil live?	
If the pupil does not live with either parent / guardian, with whom does she / he live? <i>(we need name, surname and cell phone number please)</i>	
What is the relationship of the above person to the child (e.g. aunty, gran etc.)	
Address where the pupil lives	

### MEDICAL DETAILS OF PUPIL

DETAILS OF ANY ILLNESS / DISABILITIES: \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

MEDICAL AID NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

MAIN MEMBERS NAME: \_\_\_\_\_

#### **IN CASE OF EMERGENCY (other than the parents) \*COMPULSORY**

NAME: \_\_\_\_\_ RELATION TO PUPIL: \_\_\_\_\_

CELL: \_\_\_\_\_ TEL (H): \_\_\_\_\_ TEL (W): \_\_\_\_\_