



In the name of Allah, the compassionate, the merciful

“By (the Token of) Time (through the Ages), Verily Man is in loss, Except such as have Faith, and do righteous deeds, and join together in the Mutual teaching of truth, and of patience and constancy.”

Sura Asr

Madrassah Application

<i>FOR OFFICIAL USE ONLY:</i>	<i>Learner admission number</i>						
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Please Note

- 1) This is only an application form. Submission does not imply acceptance
- 2) Documentation to accompany this application form:

1.	Copy of Parents ID (Certified)	
2.	Copy of Childs Birth Certificate	
3.	Madrassah fees (On acceptance)	

<i>APPLICATION FOR ADMISSION OF PUPIL</i>	<i>Grade</i>		<i>Age</i>	
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Learner Details

Surname	
First Name	
<i>Date of birth</i>	
Identity No.	
<i>Gender</i>	
<i>Home Language</i>	

Emergency Contact Details

Contact person other than parents:		Telephone no. 1	
		Telephone no. 2	
		Relationship:	
Family Doctor – Name:		Telephone no.	
		Allergies	
		Handicaps	
		Other	



AL-ASR MADRASSAH

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Family Details

Parents:	Father	Mother
Title & Surname		
First Name		
<i>Known as</i>		
Physical Address		
Postal Address		
Postal Code		
Telephone no.(w)		
(h)		
(cell)		
E-mail address		
Identity No.:		
Marital Status		(if applicable)
Employer		
Business Address		
Type of Business		
Position in company		
Who will be responsible for payment of fees (tick)		

Date of application		Signature (parent/guardian)	
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FOR OFFICIAL USE ONLY

Contacted	Date	/ /
Accepted	Yes	No
Fees	R	
Textbooks		
Name	Signature	
Contact Person	Date	



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INDEMNITY / AGREEMENT

I, _____ (full name & surname),
the parent/guardian of _____
(full name, surname and I.D. no), hereby give permission for him/her to participate
In the curricular and extra-curricular activities of the Al-Asr Educational Institute
And to go on excursions that are necessary in the course of such activities.

I accept that all responsible precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold the Al-Asr Educational Institute and its staff harmless against any claims of whatsoever nature arising out of an injury, damage or loss sustained in pursuance of the aforesaid participation.

I cede my power as parent/guardian to the Principal of the Al-Asr Educational Institute or his representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g. allergies, tendency toward bleeding, epilepsy, etc.)

Fees

1. That fees will be paid timeously.
2. That my son/daughter will abide to the rules and regulations of the school.

Should any of the above not be carried out, my son/daughter will be suspended/expelled at short notice.

I _____ parent of _____ hereby agree to the above conditions:

Parents signature

Witness