

**APPLICATION FORM FOR ADMISSION 2024**

**CONFIDENTIALITY:**

**The following information is required by the institute purely for administrative and correspondence purposes. We undertake not to pass on the information provided by you to any organization, individual or entity of any kind without your prior permission.**

**PARTICULARS OF LEARNER/S**

**Learner 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_\_M / F**

**Learner 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_Grade:\_\_\_\_\_\_M / F**

**Learner 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_\_ M / F**

**Learner 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_Grade:\_\_\_\_\_\_M / F**

**Please provide full details of previous madrasah and level attended:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child/ren attend madrasah during the week: Yes: No:**

**Does The Child Suffer From Any Disability, Handicap, Allergies Or Any Medical Condition That We Need To Be Informed Of? If Yes Please Specify;**

**PARTICULARS OF PARENTS:**

**Name and Surname of Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Surname of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation of Father**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address of Father:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT AND INDEMNITY FORM**

**I, the undersigned (Please print name full name) …………………………………………….……**

**being the father / mother /guardian of ………………………………………………………….……**

**a minor learner at the above mentioned institute hereby consent to the participation of the aforementioned student in all extra-mural activities of the aforementioned Institute,**

**including:**

* **I indemnify the said Institute against any liability or claim which might result from an Injury sustained by the said student while on the premises of the said Institute.**
* **In the event of any emergency, and effective communication cannot be**

**established with a parent or guardian, the principal or any other staff member**

**shall have authority, loco parentis, to make any decision they consider necessary**

**in the interest or welfare of the said student and/or of the institute and/or of the**

**rest of the students.**

* **I further acknowledge that the said institute cannot be held responsible for the loss of any property by the said student while on the premises of the said institute.**

**ACCEPTANCE OF OUR CODE OF CONDUCT**

**I / the undersigned ……………………………………………………………………………………**

**(Full name of parent/guardian)**

**Being the father/mother/guardian of………………………………………….……………………**

**A learner/s at the above mentioned Institute hereby accepts the code of conduct as outlined below:**

**It will be expected of each student to conduct himself in a courteous and respectful manner towards his fellow students and staff.**

**It will be expected of each student to obey any reasonable instruction given by any staff member.**

**It will be expected of each student to commit himself fully to his studies, and to participate in all activities recommended by the Principal which will enhance his progress and development.**

**Principal has the right to suspend a student from the institute after it has been established that the said learner has made him/herself guilty of:**

1. **Using abusive language to any student or staff member**
2. **Bringing onto the premises and /or using habit forming drugs, cigarettes and/or**

**undesirable literature**

1. **Stealing the property belonging to a fellow student or staff member**
2. **Acting in a violent manner towards any fellow student or staff member**
3. **Sexually harass or intimidate a fellow student**
4. **Stays absent without providing the Principal with valid reasons for such absence**

**THUS SIGNED ON THE.................. OF .........................................IN THE YEAR 2024**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father Mother Guardian**

**The signatures imply that the signatories have read and agreed to the conditions stipulated herein and above.**

**ACKNOWLEGEMENT FORM:**

**I …**……………………………………………………………………………………

**(Name & Surname)**

**The mother/father/guardian of:**

…………………………………………………………………………………………

**(Name of the student /students**)

**Hereby acknowledge that I have enrolled my child/ren at The Institute of Islamic Studies for the duration Feb 2024 to Nov 2024.**

**I can at any time de-register by giving 1 month’s written notice. Deregistration can only be done via the administrator at** [**Fallie@vodamail.co.za**](mailto:Fallie@vodamail.co.za) **or a written message to Farahnaaz Allie via whatsapp or sms.**

**Signature: ……………………………………………………………..**

**Date: ……………………………………………………………………**

* **Mobile: 082 357 2375 / 082 681 1511**

**Email: Sallie@vodamail.co.za / FAllie@vodamail.co.za**