Madrasatul Ansaar

P.O Box 7086, Westwood, 1477, Gauteng, South Africa
Tel: (011) 918-6253 & email: madrasah@lakefieldmj.co.za

Application for Admission | **MADRASAH** ☐ **HIFZ** ☐

Madrasah Application Form

Please complete this form fully using **black ink or type.**

Section 1 PUPILS PARTICULARS

Surname			
First Name			
Date of Birth	**Year:**	**Month:**	**Day:**
ID Number			
Physical Address			
Postal Address			

Education History	**Name of Institution**	**Town/City**	**Highest Standard Passed**
Last Madrasah Attended			
Last School Attended			

Section 2 PARENTS/GUARDIANS PARTICULARS

	Father/Guardian	**Mother/Guardian**
Surname		
First Name		
Telephone	**Cell:**	**Cell:**
	Work:	**Work:**
	Home	**Home**
Occupation		
ID Number		
e-mail Address		

Section 3 PUPIL'S MEDICAL PARTICULARS

State if the child suffers from any ailments or diseases.	
Special Precautions. State if any.	
Does the Child have any Physical Defects. Please list, if any	

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Section 4 Details of other children at Madrasatul Ansaar

No.	Childs Name	Class	Ustaads Name	Amount Pledged
1				
2				
3				
4				

Section 5 Tuition Fees (Name of person responsible for fees)

Surname	
First Name	
Identity Number	
Relationship to Applicant	☐ **Father** ☐ **Mother** ☐ **Other (Specify)**
Postal Address	**Code:**
Postal Address	**Code**
Telephone	**Home:** **Work/Bus.**
	Cell: **e-mail Address:**

Section 6 Indemnity

I, the undersigned parent / guardian of _____(pupil) hereby absolve Madrasatul Ansaar Lakefield and the Lakefield Muslim Jamaat or any person employed by Madrasah and or any duly authorised person on behalf of the said Madrasah from any liability for any loss of property and or damage sustained by reason of injury to the said pupil's property from the time he/she enrols as a pupil of the above Madrasah until the last day at this Madrasah.

Contact person in case of Emergency

Name: _____ **Telephone:** _____

Signed:		**Capacity :** ☐ **Father** ☐ **Mother** ☐ **Other (Specify)**
Date		

Office Use ONLY

Date of Admission: _____ Class Placed: _____

Name of Ustaad : _____ Room No.: _____

Account No.: _____ Code of Conduct Signed: _____