MADRASAH INAAMIYYAH

CAMPERDOWN - SOUTH AFRICA

APPLICATION & CONSENT

HIFZ AND ĀLIM STUDENTS

FOR OFFICE USE ONLY

NAME: _____

YEAR: 14_____ / 20_____

STUDENT NUMBER: _____

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P.O. BOX 39, CAMPERDOWN, 3720, KZN, SOUTH AFRICA

Date: ___/___/14___ ___/___/20___

INSTRUCTIONS:

- Read the "Information Brochure Hifz Classes" and "Madrasah Disciplinary Code" before completing this form.
- Please use block letters throughout the form.
- Return the completed form as soon as possible to the Madrasah.
- Please inform the Madrasah of any change of address, telephone numbers or personal details.

FOR OFFICE USE ONLY

Date Received: ___/___/14___ ___/___/20___
Admission Number: _____ Date of Admission:___/___/____
Admin. Reg: _____ Yearly Reg: _____ Roll Call_____
Class:_____ Room:_____ Fees: _____
Date of Leaving: ___/___/14___ ___/___/20___

STUDENTS PARTICULARS:

1. First Name (s): _____

   Father's Name (s): _____

   Surname: _____

2. Date of Birth: ___/___/_____ ___/___/14___ Age: _____

   Country of Birth: _____

   Identity Number: _____

3. Religion: _____ Sect: _____ Mazhab: _____

4. Race: _____ Nationality: _____

5. Language(s) spoken at home: _____

   Other Languages known: _____

6. Residential Address:

_____

_____

_____

_____

Postal Code: _____

Postal Address:

_____

_____

_____

_____

Postal Code: _____

Telephone: (Work)_____ (Home): _____

Cell/ Mobile:_____ Email: _____

EDUCATIONAL QUALIFICATIONS:

(A) RELIGIOUS:

Previous Madrasah(s) attended and year(s) OR current Madrasah attending:

_____

_____

Previous or current Ustâd (s):

_____

_____

Subjects:		

(B) ACADEMIC:

Previous school attended and year OR current school attending:

_____

_____

Grade Passed: _____

Subjects:		

RECOMMENDATION

I, _____ (Name) recommend _____ (Name of Student) to be a suitable student for admission to the Madrasah.

_____ _____

(Signature) *Designation (Âlim, Imâm, Principal etc.)*

BEHAVIOUR

1. General behaviour of student: _____
2. Does the student have any undesirable or wrong habits (i.e: smoking)? _____

   If so, specify_____

   Does the student promise to give up the habit if admitted? _____

HEALTH

1. What is the overall health condition of the student?

   _____
2. Is the student suffering from any chronic illnesses (such as rheumatic fever, asthma, epileptic attacks, heart trouble etc)? If so, specify:

   _____
3. Does the student have any physical or mental disabilities? If so, specify:

   _____
4. Does the student have any dental, sight or hearing problems? If so, specify:

   _____

FATHER'S/GUARDIAN'S PARTICULARS:

1. First Name (s): _____

   Surname: _____

2. Relaitionship to student: _____

3. Religion: _____ Sect: _____ Mazhab: _____

4. Race: _____ Nationality: _____ Origin: _____

5. Occupation: _____

6. Residential Address:

   _____

   _____

   _____

   _____

   Postal Code: _____

   Postal Address:

   _____

   _____

   _____

   _____

   Postal Code: _____

   Telephone: (Work)_____ (Home): _____

   Cell/ Mobile:_____ Email: _____

RELATIVES AND/OR FRIENDS IN OR NEAR PMB OR DURBAN:

RELATIVE/ FRIEND A

1. First Name (s): _____

   Surname: _____

2. Relaitionship to student: _____

3. Residential Address:

   _____

   _____

   _____

   _____

   Postal Code: _____

   Telephone: (Work)_____ (Home): _____

   Cell/ Mobile:_____ Email: _____

RELATIVE/ FRIEND B

1. First Name (s): _____

   Surname: _____

2. Relaitionship to student: _____

3. Residential Address:

   _____

   _____

   _____

   _____

   Postal Code: _____

   Telephone: (Work)_____ (Home): _____

   Cell/ Mobile:_____ Email: _____

NEXT OF KIN:

In the event of the father's/ guardian's death, who is responsible for the student?

1. First Name (s): _____

   Surname: _____

2. Relaitionship to student: _____

3. Residential Address:

   _____

   _____

   _____

   _____

   Postal Code: _____

   Telephone: (Work)_____ (Home): _____

   Cell/ Mobile:_____ Email: _____

DECLARATIONS:

STUDENT

I hereby certify that to the best of my knowledge the information contained herein is true and correct. I sincerely promise that at all times I would stay with Islamic brotherhood, good character and kindness with all students, Asâtizah and one and all. I would act on the rules of the Madrasah and spend my time in Islamic educational activities. I promise to stay away from all anti-Islamic ways, dressing, practices and all those things that are against the prestige of the Madrasah. Having read and understood the "information Brochure and guide for Hifz and `Âlim classes and the Disciplinary Code, I PROMISE TO ABIDE THEREBY.

_____ ____/____./14____

(Signature of Student) ____/____/20_____

DECLARATIONS:

FATHER/GUARDIAN

I hereby certify that according to the best of my knowledge, the information furnished herein is true and correct. Having read and understood the Madrasah Disciplinary Code, I PROMISE TO ACT ACCORDINGLY.

_____ ____/____./14____

(Signature of Parent/Guardian) ____/____/20_____

CONSENT AND INDEMNITY:

PARENT/GUARDIAN

I, the parent/guardian of _____ (Name of Student) hereby undertake on behalf of myself, my executors, my wife, and my child/ ward, to indemnify, hold harmless and absolve the Madrasah, the principal, staff and officials from all claims whatsoever that may arise in connection with any loss of or damage to the property of my ward/child or in connection with any injury or death that may occur to my child/ward in the knowledge that the principal and his staff will nevertheless take all reasonable precautions for the safety and well-being of my child/ward.

_____ ____/____./14____

(Signature of Parent/Guardian) ____/____/20_____

WITNESSES

	Names	Signatures
1.	_____	_____
2.	_____	_____

FEES

I, _____, the undersigned, hereby agree to pay the sum of R _____ monthly/quarterly, being fees for _____ (Name of Student).

_____ ____/____./14____
(Signature) ____/____/20_____

WITNESSES

	Names	Relationship to Student	Signatures
1.	_____	_____	_____
2.	_____	_____	_____

If the student is being sponsored by person(s) other than parents, please complete the following:

Name: _____

Residential Address:

_____
_____
_____
_____

Postal Code: _____

If free OR part paying admission is required, please state reasons in full:

_____

_____

_____

Where the student is given free or part paying admission, the following declaration has to be signed by the student and the parent/guardian:

I,_____ (Name of Student) hereby authorize
_____ (Name of Principal) to be my Shar'î Wakîl to receive any Zakât monies etc. on my behalf and to pay Madrasah fees during my stay at the Madrasah.

_____ ____/____./14____
(Signature of Student) ____/____/20_____

I,_____ (Name of Parent/Guardian) hereby authorize
_____ (Name of Principal) to be my Shar'î Wakîl to receive any Zakât monies etc. on my behalf and to pay Madrasah fees during my ward's stay at the Madrasah.

_____ ____/____./14____
(Signature of Parent/Guardian) ____/____/20_____