**CORNER ZEBRA & ORYX STREET, EXTENSION 5, LENASIA**

**TEL: (011) 854 1360 EXT 4 EMAIL: nursery@nurulislam.org.za**  **@nurulislam\_nursery**

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**FEE STRUCTURE FOR THE ACADEMIC YEAR 2024**

|  | **GR R** | **GR RR** | **GR RRR** |
| --- | --- | --- | --- |
| **Registration** | **R 500.00** | **R 500.00** | **R 500.00** |
| **Monthly** | **R 1180.00** | **R 1100.00** | **R 1090.00** |
| **Termly** | **R 2950.00** | **R 2750.00** | **R2725.00** |
| **Annually** | **R11,800.00** | **R11,000.00** | **R10,900.00** |

**K.B Patel**

**MRS K B PATEL**

**PRINCIPAL**

**THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN REGISTERING YOUR CHILD: -**

**1.** **A copy of a Birth Certificate / Passport – (*Must be Certified)***

**2.** **A copy of the Record of Immunization – *(Must be Certified)***

**3.** **2x Recent Passport Size Colour Photos *(Non-Returnable)***

**4.** **Parents ID Books / Passport – *(Original)***

**5.** **3 X Current Payslips**

**6.** **2 X Utility Bills**

· ***Kindly complete all details on the application form in full and sign at the appropriate places.***

| LEARNERS PASSPORT PHOTO |
| --- |

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**------------------------------------------------------------------------------------------------------------------------------------------------PUPIL APPLICATION FORM**

**1.** **DETAILS OF LEARNER:**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME LANGUAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POPULATION GROUP OF LEARNER: INDIAN AFRICAN COLOURED

GENDER: MALE FEMALE

**2.** **PERSONALITY:**

Briefly describe your little one: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **List below Play Groups or Nursery Schools that your child is currently attending.**

|  | | **DATE/YEAR** | |
| --- | --- | --- | --- |
| **NAME OF SCHOOL** | **GRADE** | **FROM** | **TO** |
|  |  |  |  |
|  |  |  |  |

**4.** **LEARNERS MEDICAL DETAILS**

| Does the learner suffer from any illness? If yes, please specify the details |  | |
| --- | --- | --- |
| Does the learner have any physical defects? If yes, please specify the details |  | |
| Does the learner suffer from any allergies? If yes, please specify the details |  | |
| Does the learner take any medication? If yes, please specify the details |  | |
| If need be, is the school allowed to give your child Panado Syrup or apply Zambuk Yes No | Was your child born Pre-Maturely? Yes No | Blood Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Medical Practioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Number of Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address of Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical Aid Scheme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical Aid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Main Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**5.** **IMMUNIZATION SCHEDULE**

***Please attach a copy***

NAME OF LEARNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

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**6.** **PARENT / GUARDIAN INFORMATION**

| **Parent / Guardian** | **Father / Guardian** | **Mother / Guardian** |
| --- | --- | --- |
| **Surname** |  |  |
| **Name** |  |  |
| **ID / Passport Number** |  |  |
| **Country of Origin** |  |  |
| **Marital Status** |  |  |
| **Occupation** |  |  |
| **Name of Employer** |  |  |
| **Physical Address** |  |  |
|  |  |
| **Postal Address** |  |  |
|  |  |
| **Home Telephone** |  |  |
| **Work Telephone** |  |  |
| **Mobile** |  |  |
| **e-mail (compulsory)** |  |  |

**7.** **Person responsible for the payment of the School Fees**

Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** **Particulars of Next of Kin, in case of an emergency:**

Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Learner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

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**9.** **CONSENT & INDEMNITY FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(full name of parent/guardian)***

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ***(full name of learner)*** hereby give consent to my child participating in all termly activities and excursions organised by the school.

1. I fully understand and accept that all activities will be under the strict supervision of the teacher. I accept full responsibility for payment of these activities. All activities are non-refundable.

2. Should the need arise for medical intervention, I agree that I will be responsible for all expenses incurred.

3. I fully understand that my child is attending a private school. All funds requested from the school will be settled in full by myself.

4. I do not hold the School, the Principal, nor the Governing Body responsible for any injury sustained by my child.

**Signature of Parent/Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness 2 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date : \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_**

**10.** **PARENT CONTRACT**

***This contract has been issued without any prejudice***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, D.O.B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_, in Grade \_\_\_\_\_\_\_\_.

Do hereby acknowledge the contract of the Nurul Islam Nursery & Pre-School

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. HEALTH DISCLOSURE:**

Permission to administer Panado Syrup to your child/ward YES/NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INTRODUCTION**

* The Nurul Islam Nursery & Pre-School is open to all learners, irrespective of race, ethnicity, gender or religion,
* The admission of a child is subject to availability of space in the respective grade to which the child seeks admission,
* The school reserves the right with regard to placement of the child,
* Little learners must be 3 years of age and fully potty trained for acceptance,
* The Ethos of the school is strongly Islamic whereby we endeavour to develop and to mould the child, preparing him/her towards an Islamic life.

**MISSION AND VISION STATEMENT**

* To educate our little learners for leadership, hard work, responsibility and critical thought with Islamic values,
* To provide a comprehensive Pre-and Nursery School Programme with an Islamic Ethos.

**PARENTAL INVOLVEMENT**

* At Nurul Islam it has been proven that regular interaction between parents and educators help to build a mutual understanding. Parents are therefore able to share in the development of their child.

**RELATIONSHIP WITH FELLOW LITTLE LEARNERS**

* Little learners will be encouraged to play and learn from their peers,
* To play harmoniously with each other,
* Not to bully and hit each other,
* Not to call others with rude or funny names.

**SCHOOL UNIFORM**

* Children should be dressed in the school uniform. All clothing should be marked especially thick winter jackets, caps & gloves,
* Learners should wear comfortable shoes or sandals.

**SCHOOL HOURS**

* Monday to Thursday Grade R : 7:45am to 1:00pm
* Monday to Thursday Senior Pre-Grade R : 8:30am to 12:30pm
* Monday to Thursday Grade 000 & Pre-Grade R : 8:30am to 12:00pm
* Friday Grade R : 7:45am to 11:15am
* Friday grade 000, Pre Grade R & Senior Pre-Grade R : 8:30am to 11:15am

**TRANSPORT**

* Transport is out-sourced to private carriers. Details can be found in our Welcome Letter.

**GENERAL**

* School fees should be paid at the beginning of every Term or Month,
* One Terms notice should be given if your child will no longer be attending the Nursery or Pre-School,
* Parents should communicate with the respective class teacher should the learner be absent,
* Please make an appointment preferably after school hours if you need to see/ speak to an educator,
* The school does have various Extra-Curricular Activities. All lessons are conducted after school. The activities are optional and at an extra cost,
* The school conducts compulsory Termly Activities which are different to the above mentioned Extra Curricular Activities,
* Ensure that your child is on time daily,
* Please ensure that your child does not bring cell phones, money or toys to school,
* Please check your child’s message/communication book for circulars and newsletters,
* Please send a snack/lunch as per Welcome Letter,
* Two Excursions are usually scheduled for a current year. Circulars are sent to parents prior to the outing,
* The aim and objective of our educational institution is to develop the child holistically and empower the child with the following skills: -

ü Independence

ü Self confidence

ü Self-Image

ü Self Esteem

ü Skills in Decision Making

ü Problem Solving

* The Nursery & Pre-School implements the Islamiat Programme, the CAPS Curriculum as per DBE, Coding & Robotics and an age appropriate Reading Programme,
* By teaching the above programme the learners will be able to assimilate easily into Grade One – ***MAINSTREAM SCHOOL.***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***