



Cnr Giraffe & Nyala Avenue, Ext 5, Lenasia, Johannesburg, South Africa 1827, PO Box 786, Lenasia, Johannesburg, South Africa, 1820

Tel +27 11 854 1360 ext 204 Email school@nurulislam.org.za

UMALUSI accreditation number : 18SCH0100537

APPLICATION FORM	Please Tick "X"	GR 1	GR 2	GR 3	GR 4	GR 5	GR 6
		GR 7	GR 8	GR 9	GR 10	GR 11	GR 12
An administration fee of R575.00 (non-refundable) is required on submission of this application form.							
Annual TEXTBOOK levy of R375.00 (non-refundable) . Grades 4 – 12 ONLY							
Admin fee paid?	Y	N	Receipt No.:	Date:			
Textbook levy paid?	Y	N	Receipt No.:	Date:			
If the applicant has a sibling at this school please indicate their grades			Admin no. :				

1. LEARNER'S DETAILS (Please attach certified copy ID document/passport/Birth Certificate and 2 recent Passport photos)							
First Name			Middle name	Surname			
Identity Number			Date of Birth:	Home language:			
Dexterity	<input type="checkbox"/> Right Handed	<input type="checkbox"/> Left Handed		<input type="checkbox"/> Ambi-Dexterous			
Population group	<input type="checkbox"/> White	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Asian	<input type="checkbox"/> Indian		
Home Tel:			Mode of Transport to & from School				
Residential Add						Code	
Last School Attended						Grade passed:	
	Contact Person:			Contact No:			
Last Madressa Attended						Grade passed:	
	Contact Person:			Contact No:			
2. PARENT'S/ GUARDIAN's DETAILS (Please attach certified copy ID document/passport of each parent). <u>If there is a deceased parent, please indicate as such.</u>							
	MOTHER		FATHER		GUARDIAN if applicable		
Name							
Surname							
ID/Passport No:							
Marital Status							
Work Tel:							
Home Tel:							
Cell:							
Email: *** COMPULSORY							
Fax No:							
Home Address:							

4. Particulars of Next of Kin, in case of emergency.			
Full Names			Relationship to Learner:
	Work Tel:	Cell:	Fax No
	Home Address:		
5. LEARNER'S MEDICAL DETAILS- PLEASE ENSURE YOU COMPLETE THE GENERAL HEALTH QUESTIONNAIRE			
Does the learner suffer from any disease/s? If so please furnish all details			
Does the learner have any physical defects? If so please furnish all details			
Allergies (specify)		Medication (Specify)	
Doctor's Details:	Name		Tel No:
	Address		
Has the Learner been immunised against	Covid 19: Yes <input type="checkbox"/> No <input type="checkbox"/>	Polio: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tuberculosis: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No do you give permission for the learners to be immunized Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Medical Aid		Medical Aid No	
Name of Main Member			

6. EXTRA MURAL ACTIVITIES / SKILL			
Hobbies:			
Skills:			

7. If the parents are separated/divorced with whom does the child/ren live			
Full Names			Relationship:
			ID No:
	Work Tel:	Cell:	Email:
Home Address:			Code
Please attach a copy of a legal document reflecting who has the custody.			

8. Person responsible for payment/s (must attach his/her identity document if not one of the parents/guardians)			
Full Names			ID No:
	Work Tel:	Cell:	Email:
	Home Address:		Code
I, the undersigned, accept and agree to pay all the fees and other relevant charges for services at the School.			

Signature	Date

UNDERTAKING / INDEMNITY / CONSENT / AGREEMENT

I, the undersigned, being the parent of the learner whose details appear on this Application Form

- 1 Do hereby certify that the particulars furnished are true and correct;
- 2 Understand that this Application does not guarantee my child a place at the School;
- 3 Undertake that should my child be accepted, then I will abide by the Rules and Regulations and the Code of Conduct of the Nurul Islam School and warrant that my child will comply with the Rules and Regulations and Code of Conduct of the School at all times.
- 4 In particular, I undertake that I will not make use of cameras and other photographic and video equipment at all functions of the School.
- 5 I further undertake that my child will take care of all textbooks given on loan to my child and that I will reimburse the School the costs of all textbooks damaged by my child, or not returned at year end, immediately upon demand.

- 6 Should my child breach any of the Rules and Regulations of the School, then we hereby irrevocably authorize the School to immediately de-register him or her, without reference or notice to me, and in which event I will have no claim whatsoever against the School.
- 7 **Do hereby acknowledge that I am responsible for the due and punctual payment of the fees, and that, by my signature hereto, I irrevocably agree to comply with the School's Fee Policy and agree that should I fail to pay the fees on due date, then the School shall be entitled to de-register my child and in which event I will have no claim against the School whatsoever;**
- 8 Do hereby absolve and hold harmless the School, the Board of Management, the Principal and staff, employees and agents from any or all claims whatsoever that may arise in connection with any loss of or damage to property, or injury to the person of my child / ward, howsoever caused.
- 9 I have no objection to my child/ward participating all activities, conveyance, tours, excursions and extra mural activities and accept it shall be undertaken at my child's / ward's risk and hereby designate the Principal and / or any other person nominated by him or any other person acting on behalf of the School to act *in loco parentis* on my behalf, in the full knowledge that they will, nevertheless, take all reasonable precautions for the safety and welfare of my child / ward.
- 10 **I am responsible for the payment of all medical costs, where applicable**, should any injury be sustained in school or during outings which cannot be ascribed to the negligence of the School. I cede my powers as parent/guardian to the Principal of the School or his representative should medical treatment be deemed necessary for my child.
- 11 The School undertakes to provide an education linked to the SA curriculum and/or as legislated.

I/We, the undersigned, hereby confirm and agree that should my application be accepted, I accept the rules and policies of Nurul Islam School of Excellence during my stay with the organization.

Father	Mother	Learner	Date

ATTACHMENTS	(PARENT TO ENSURE ALL ITEMS ARE MARKED YES, BY NURUL ISLAM OFFICIAL)		Learner's Pic	
Both Parents ID's received	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Learner's birth cert / passport received	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Valid Study permit required with a valid Passport
Transfer Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>		n/a for Grade 1
Learner's Portfolio	Yes <input type="checkbox"/>	No <input type="checkbox"/>		To be requested
School Readiness letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>		GRADE 1 ONLY
Learner's Reports (School & Madressah) Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2 x ID sized photos of the learner	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Learner's Clinic Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>		