



NASRUDDIN ISLAMIC SCHOOL

STRIVING FOR EXCELLENCE, THE ISLAMIC WAY

Please attach
photograph
here

APPLICATION FOR ADMISSION

LEARNER DETAILS												
An application fee of R200.00 must accompany this application												
Application for Grade:	8	9	10	11	12							
Year Applying for:												
Surname:												
First Names:												
Home Address:												
Date of Birth:	D	D	M	M	Y	Y	Y	Y				
ID No.												
Age:		Gender:	M	F	South African Citizen:			Y	N			
Home Language:	English		Afrikaans		Arabic		Other					
Dexterity:	Right Handed				Left Handed							
Culture Group:	White		Coloured		Black		Indian		Other			
Status:	Biological			Adopted			Orphaned					
SCHOOL INFORMATION												
Present School or last school attended:												
Present Grade:	7	8	9	10	11							
Address of Present School:												
Reason for Leaving:												
Grades failed or repeated:												
Other schools attended:												
NASRUDDINIANS: Names & Grades of brothers/sisters currently at Nasruddin and names and years of parents / siblings previously at Nasruddin												
Have you applied to other schools?	Y	N	State which schools									
ISLAMIC EDUCATION												
Does the learner attend Madressah? If yes, state where												
Is the learner able to read Quraan fluently?												
Is the learner aware of the basic laws of Fiqh?												
Who has been responsible for basic moral training of the learner?												
Which Mathab (school of thought) would you prefer your child to be taught?												

EXTRA-MURAL ACTIVITIES													
<i>All learners are expected to participate in sport and /or cultural activities</i>													
Please list the activities which your child is currently involved in:													
Cultural Activities:													
Sporting Activities:													
Leadership: (Mention any position of leadership or responsibility)													
PLEASE STATE ANY INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF:													
Allergies:													
Medical Conditions which require special consideration:													
Physical Disabilities:													
Learning Disabilities:													
Medical Aid:													
Medical Aid No.													
Doctor:					Doctor Contact No.:								
PARENTS INFORMATION													
FATHER				DECEASED				Y		N			
Title:													
Surname:													
First Name:													
ID No.:													
Home Address:													
Cell phone No.:													
Home Tel No.:													
Occupation:													
Employer Name:													
Work Tel No.													
Email Address:													
MOTHER				DECEASED				Y		N			
Title:													
Surname:													
First Name:													
ID No.:													
Home Address:													
Cell phone No.:													
Home Tel No.:													
Occupation:													
Employer Name:													
Work Tel No.													
Email Address:													

LEGAL GUARDIAN (IF APPLICABLE)												
Title:												
Surname:												
First Name:												
ID No.:												
Home Address:												
Cell phone No.:												
Home Tel No.:												
Occupation:												
Employer Name:												
Work Tel No.												
Email Address:												
DETAILS OF NEXT OF KIN (NOT LIVING WITH LEARNER)												
Title:												
Surname:												
First Name:												
Cell phone No.:												
Home Tel No.:												

FEES							
DETAILS OF PERSON RESPONSIBLE FOR SCHOOL FEES							
Father			Mother			Other	
Method Of Payment	Half Annually		Per Term		Annually By 31 Jan		Debit Order

DETAILS OF PAYER IF OTHER THAN PARENT OR GUARDIAN												
Title:												
Surname:												
First Name:												
ID No.:												
Home Address:												
Cell phone No.:												
Home Tel No.:												
Occupation:												
Employer Name:												
Work Tel No.												
Email Address:												

ADMISSION ACCEPTANCE

You will be notified of the school's decision once all application with the necessary documentation have been processed

An induction fee will be payable on your acceptance.

Missing documentation will be null and void in considering admission to the school.

DECLARATION BY PARENTS / GUARDIANS

I declare that all particulars furnished by me on this application form are true and correct and should the learner for whom the application has been made, be admitted to Nasruddin Islamic School , I /We hereby undertake to see that he/she abides by the following:

A. SCHOOL POLICY

1. The ethos of the school as contained in the vision and mission of the school.
2. Abide by the Code of Conduct, the school rules attached to this document (which may be amended at any time) the Constitution and other internal school rules.
3. Compulsory regular attendance on all school days, unless prevented by illness.
4. His/Her responsibility to the school at all times for his/her behaviour and dress in public whether or not he/she is wearing school uniform.
5. NO learners may smoke or have in his/her possession any form of nicotine, drugs or dangerous weapon/article on school premises or wearing school uniform.
6. Return all property belonging to the school

B. SEARCH

I / We acknowledge the right of the school authorities to search a learner or any other articles on school premises should there be a suspicion of the presence of drugs/cigarettes, stolen items or dangerous weapons and accept that any restrictions which this may pose on the right of the learner are reasonable and necessary for the smooth running of the school.

C. SCHOOL FEES

I / We understand that:

1. For as long as the learner/s attend the school, to pay upon request fees and/or levies as by the Board of Governors of the school.
2. School fees and / or levies paid shall be utilised by the Governing Body of the school at its discretion but always subject to the provisions of the South African School's Act.
3. Payment is to be affected by one of the methods stipulated by The Board of Governors contained in its policy of fees structures.
4. Any indulgence or extension granted by the school with regard to payment of school fees will not be regarded as a waiver of any of the rights of the school.
5. In the event of the school being obliged to hand over for collection through its attorneys any outstanding school fees, I/We shall be liable for the legal costs incurred by the school for the collection of such outstanding fees on scales as between attorney and client, including such collection commission which the school be obliged to pay its attorneys.

D. NOTICE

1. I/We undertake to give the school at least one (1) school terms written notice of my/our intention to remove the learner from the School in which event, the School shall upon the learners departure from the School, refund to me/us any fess paid in advance for a school term which has not yet commenced.
2. If a learner is removed from the School and no notice is given, fees paid in advance shall be refunded on a pro-rata share.

E. UNDERTAKINGS

I/We

1. Indemnify the School, the members of the Board of Governors, the Staff and officials against any injury, harm or other loss caused to any person other than the school by the conduct
2. Authorise the Principal or appointed staff member, whilst the learner is involved in school activities to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the learner's parents have been made.
3. Give consent to the learner participating in school activities, including sport, outing and other extra-mural activities and transportation to and from such activities and indemnifies the school, the members of the Board of Governors, the Staff and persons assisting them against any claim for injury or loss sustained by the learner and/or the parent/guardian while the learner is engaged in such cases.

- F. I/We hereby confirm that I/We have read and fully understand the conditions contained in this application form.

SIGNED _____ FATHER / GUARDIAN

SIGNED _____ MOTHER / GUARDIAN

SIGNED _____ WITNESS

DATE _____

TO BE COMPLETED BURSAR / PRINCIPAL CURRENT SCHOOL

Name of School: _____

Address: _____

Tel. Number _____

Contact Person / Bursar _____

Name of person responsible for fees _____

School fee Payments:

UP TO DATE	IN ARREARS
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Signed by Principal / Bursar: _____

Date: _____

School Stamp

FOR OFFICE USE ONLY	
LNR ID PHOTO	
CERTIFIED COPIES OF LNR BIRTH CERTIFICATE	
CERTIFIED COPIES OF BOTH PARENTS ID'S	
REPORT FROM CURRENT/PREVIOUS SCHOOL	
MADRESSAH REPORT	
PROOF OF ADDRESS	
R200.00 APPLICATION FEE	

