

**MADRESSAH IMAAM AHMED RAZA**

UNDER THE AUSPICES OF

**IMAAM AHMED RAZA EDUCATIONAL INSTITUTE**

REG NO: 2010/022916/08

**618 & 622 ELI STREET**

**ERASMIA**

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**ADMISSION APPLICATION**

**APPLICANTS FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Learner’s Details:**

|  |  |
| --- | --- |
| SURNAME: |  |
| FIRST NAMES |  |
| GENDER: |  |
| AGE: |  |
| IDENTITY NUMBER: |  |
| RESIDENTIAL ADDRESS: |  |
| POSTAL ADDRESS |  |
| SCHOOL ATTENDING: |  |

**B. Parent’s Details:**

|  |  |  |
| --- | --- | --- |
| INFORMATION | FATHER | MOTHER |
| SURNAME |  |  |
| FIRST NAMES |  |  |
| TEL HOME |  |  |
| TEL WORK |  |  |
| MOBILE NUMBER |  |  |
| E-MAIL |  |  |
| ID NUMBER |  |  |
| EMPLOYER |  |  |
| OCCUPATION |  |  |

N.B. Complete Guardian’s details above where relevant and state relationship with Learner below:

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

**C. Next of Kin Details:**

In the event of any emergency the following persons other than the Parents’ / Guardian’s can be contacted:

|  |  |  |
| --- | --- | --- |
|  | CONTACT PERSON 1 | CONTACT PERSON 2 |
| NAME |  |  |
| HOME TEL |  |  |
| WORK TEL |  |  |
| MOBILE NO. |  |  |
| ADDRESS |  |  |

**D. Siblings Information:**

Indicate the name and grades of siblings attending Imaam Ahmed Raza Educational Institute currently:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |
|  |  |

**E. Health Statement:**

Please provide details of any medical conditions, illnesses, allergies, physical or psychological conditions relating to the applicant Learner:

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

**F. Course Applied For**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**G. Documentation:**

Kindly attach copies of the following documentation to this application:

|  |  |
| --- | --- |
| Learners Birth Certificate |  |
| Parents ID documents |  |

**H. Indemnity and Undertaking:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the undersigned by my signature hereto confirm that I am the legal Parent / Guardian of the Learner indicated in “A” above and that I further confirm and agree that:

a) The information submitted on this application is true and correct

b) I have not withheld any information requested on this application

c) I will abide by the Policies, Rules and Regulations of the Institute

d) I am liable for all fees due to Madressah Imaam Ahmed Raza and that such fees are payable in advance at the beginning of each month

e) I am aware that this application does not guarantee the Learner a seat and that all applications are subject to the board’s approval

I the undersigned parent / guardian of the learner in “A” indemnify, hold harmless and absolve the Madressah Imaam Ahmed Raza and the Imaam Ahmed Raza Educational Institute, the Directors, Trustees, Board of Governors, Management Council, the Principal, Educators, Staff, agents and any persons involved in the operations and affairs of the Institute against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child / ward aforesaid, howsoever caused, from the time of enrolment and shall remain in force and be of effect for the duration of the Learners enrolment at the Institute.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_this\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | SIGNATURE | DATE |
| FATHER/  GUARDIAN |  |  |  |
| MOTHER/  GUARDIAN |  |  |  |
| WITNESS 1 |  |  |  |