



## **MADRESSAH IMAAM AHMED RAZA**

UNDER THE AUSPICES OF

**IMAAM AHMED RAZA EDUCATIONAL INSTITUTE**

REG NO: 2010/022916/08

**JACARANDA SCHOOL INDIGO STREET**

**LAUDIUM**

TEL: 078 5973 786

E-mail: [mmrqadri@yahoo.com](mailto:mmrqadri@yahoo.com)

Website: [www.imaamahmedraza.org](http://www.imaamahmedraza.org)

**ADMISSION APPLICATION**

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

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

### **A. 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:

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## **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			