STUDENT APPLICATION FORM
E-mail: admin@alinaam.co.za
APPLICATION FOR ADMISSION
HIFZ & ALIM STUDENTS

FOR OFFICE US ONLY:

NAME:.................................................................

YEAR: 14........../ 20..........

STUDENT NUMBER:.......................................
INSTRUCTIONS:
*Read the "Information Brochure for Hifz Classes" and "Madrasah Disciplinary code" before completing this form.
*Please use block letters throughout the form.
*Return the completed form as soon as possible to the Madrasah.
*Please inform the Madrasah of any change of address, telephone numbers, personal details etc.

FOR OFFICE USE ONLY:

Date Received:………………./…………./14………. Or ………../……………/20……….
Admission Number:……………………./Date of Admission:………………./…………./……………
Admin. Reg:……………………./Yearly Reg:……………………./Roll Call:…………………
Class:……………………../Room:…………..……/fees:…………………….
Date of Leaving:………………./…………./14………. Or ………../……………./20……….

STUDENT’S PARTICULARS

1. (1) First Name (s):………………………………………………………………………………………………
   (2) Father’s Name (s):…………………………………………………………………………………………
   (3) Surname:……………………………………………………………………………………………………

2. (1) Date of Birth:……DD………………./……MM………………./20…YY………..
   (2) Age:………Years
   (3) Place of Birth:……………………………………..(country)
   (4) Identity Number:……………………………………..

3. (1) Religion:……………………………………..
   (2) Sect:……………………………………..
   (3) Mazhab:……………………………………..

4. (1) Race:……………………………………..
   (2) Nationality:……………………………………..
   (3) Origin:……………………………………..

5. (1) Language(s) spoken at home:……………………………………………………………………
   (2) Other Languages known:………………………………………………………………………...
6. (1) Residential address: .................................................................
                                           .................................................................
                                           .................................................................
                                           .................................................................
                                           .................................................................
(2) Postal Address: .................................................................
                                           .................................................................
                                           .................................................................
                                           .................................................................
                                           .................................................................
Postal Code:................................. Postal Code:.................................

(3) Telephone: (work)................................. (Home):.................................
(4) Cell/Mobile:................................. (5) Email:.................................

EDUCATIONAL QUALIFICATIONS

A) Religious:

Previous Madrasah(s) attended and year(s) or current Madrasah attending:
.................................................................................................................................
.................................................................................................................................

Previous or current Ustadh(s):
.................................................................................................................................
.................................................................................................................................

subjects:

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(b) **Academic:**

Previous school attended and year or current school attending:

..........................................................................................................................
..........................................................................................................................

Grade Passed:..............

subjects:

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**RECOMMENDATION:**

I,...............................................................(Name) recommend..........................
...........................................................................(Name of student) to be a suitable student for admission
to the Madrasah.

....................... Designation:..................................(Ãlim, Imãm, Principal etc.)

(Signature)

**BEHAVIOUR OF THE STUDENT**

1. General behaviour of the student:...........................................................................................

2. Does the student have any smoking habits or any undesirable or wrong habit?  Yes  or  No

   (i). If Yes, specify: ...................................................................................................................

   (ii). Does the student promise to give up the habit if admitted?  Yes  or  No
HEALTH:

(1) What is the overall health condition of the student?: .............................................................. ..............................................................

(2) Is the student suffering from any diseases (such as rheumatic fever, asthma, epilepsy, heart trouble etc.)?
   If so, specify: ..........................................................................................................................

(3) Has the student any physical defect? If so, specify: ..............................................................

(4) Has the student any dental, sight or hearing problems? If so, specify: ................................

FATHER’S/GUARDIAN’S PARTICULARS

1. First Name(s): .............................................. Surname: ..........................................................

2. Relationship to student: ...........................................................................................................


5. Occupation: ..........................................................................................................................

6. Residential Address: Postal Address: ..........................................................................................
   ..............................................................................................................................
   ..............................................................................................................................
   Posta l Code: ............................................................................................................
   Tel: (Work) .............................................................................................................. (Home)..............................................................................................................
   (Mobile): .............................................................................................................. Email: ..............................................................................................................

RELATIVES AND/OR FRIENDS IN NEAR PIETERMARITZBURG OR DURBAN

Relative/Friend:

1. First Name(s): .............................................. Surname: ..........................................................

2. Relationship to student: ..................................................

3. Residential Address: .................................................. Tel:(Work)..................................................
   .............................................................................................................................. (Mobile):..................................................
   .............................................................................................................................. E-mail: ..........................................................................................
   Postal Code: .............................................................................................................

Page 4
Next of Kin:

In the event of the father’s/guardian’s death, who is responsible for the student?

1. First Name(s):………………………………………  Surname:……………………………………….

2. Relationship to student:……………………………………………………………………………………

3. Residential Address:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Postal Code:…………………………………

4. TEL: (work)...............................................  (Home):………………………………………………………
   Cell/Mobile:………………………………..  E-mail:…………………………………………………………

DECLARATIONS:

STUDENT:

I hereby certify that to the best of my knowledge, the information contained herein is true and correct.
I sincerely promise that at all times I would stay with Islamic brotherhood, good character and kindness with all students, Asatizah and one and all. I would act on the rules of the Madrasah and spend my time in Islamic educational activities.
I promise to stay away from all anti-Islamic ways, dressing, practices and all those things that are against the prestige of the Madrasah.
Having read and understood the “Information Brochure and guide for Hifz and Alim classes and the Disciplinary code, I PROMISE TO ABIDE THEREBY.

........................................   ........../ ......../14...... A.H.
(Signature of student)                 ........../ ........ / 20........
CONSENT AND INDEMNITY

I, the parent/guardian of ……………………………(Name of student) hereby undertake on behalf of myself, my executors, my wife and my child/ward, to indemnify, hold harmless and absolve the Madrasah, the principal, staff and officials from all claims whatsoever that may arise in connection with any loss of or damage to the property of my ward/child or in connection with any injury or death that may occur to my child/ward in the knowledge that the principal and his staff will nevertheless take all reasonable precautions for the safety and well-being of my child/ward.

………………………………..                                       ………./……../14……… A,H.
(Signature of Parent/Guardian)                                  ………./……. / 20………

FATHER/GUARDIAN

I hereby to certify that according to the best of my knowledge, the information furnished is true and correct.
Having read and understood the Madrasah Disciplinary code, I PROMISE TO ACT ACCORDINGLY.

………………………………..                                       ………./……../14……… A,H.
(Signature of Parent/Guardian)                                  ………./……. / 20………

WITNESSES:

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CONSENT FORM

SECTION ONE:
I,………………………………………, the undersigned, hereby agree to pay the sum of R……………..

Monthly/quarterly, being fees for…………………………………………..(Name of student).

………………………………..                                       ………./……../14……… A,H.
(Signature )                                                     ………./……. / 20………
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If the student is being sponsored by person(s) other than parents, please complete the following:

Name of sponsor: ..........................................................

(iii). Residential Address:
...........................................................................

...........................................................................
Postal Code: .................................................................

Phone Number: ........................................ E-mail: .................................................................

SECTION TWO:

If free or part paying admission is required, please state reasons in full: .................................................................
...........................................................................
...........................................................................

Where the student is given free or part paying admission, the following declaration has to be signed by the student and the parent/guardian:

I, .......................................................... (Name of student) hereby authorize .......................................................... (Name of principal) to be my Sharî’i wakil to receive any Zakât monies etc. on my behalf and pay Madrasah fees during my stay at the Madrasah.

.......................................................... /........../14........ A,H.

(Signature )

.......................................................... / ........../ 20........

I, .......................................................... (Name of student) hereby authorize .......................................................... (Name of principal) to be my Sharî’i wakil to receive any Zakât monies etc. on my behalf and pay Madrasah fees during my stay at the Madrasah.

.......................................................... /........../14........ A,H.

(Signature of Parent/Guardian)

.......................................................... / ........../ 20........