


*In the name of Allah, Most Gracious, Most Merciful*

<p><b>“By (the Token of) Time (through the Ages), Verily Man is in loss; Except such as have Faith, and do righteous deeds, and join together in the Mutual teaching of truth, and of patience and constancy.”</b> Sura Asr</p>		<p>370 Ganges Street Claudius P.O.Box 14576 Laudium 0037 Tel: 012 374-5546 / 374-9713 <a href="http://www.alasr.co.za">www.alasr.co.za</a> <a href="mailto:reception@alasr.co.za">reception@alasr.co.za</a> <a href="mailto:admin@alasr.co.za">admin@alasr.co.za</a></p>
<p>Educational Institute Reg.No's: 400100(Primary/Secondary)</p>		

## STUDENT APPLICATION

<b>FOR OFFICIAL USE ONLY:</b>	<b>Pupil admission number</b>								
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### Please Note

- 1) This is only an application form. Submission does **not** imply acceptance
- 2) Documentation to accompany this application form:

1.	Child's Birth Certificate (Certified)	
2.	Clinic card / 1 ID photo	
3.	Child's Study Permit /Refugee Permit	
5.	Copy of Parents ID (Certified)	
6.	Copy of latest report card	
7.	Transfer Card	
8.	Proof of Home/Work Address	
9.	Registration Fee (On acceptance)	
10.	School fees(On acceptance)	

<b>APPLICATION FOR ADMISSION OF PUPIL TO GRADE</b>		<b>YEAR</b>	
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### PUPIL DETAILS

Surname	
First Name	
Date of birth	
Identity No.	
Gender	
Home Language	

### EMERGENCY CONTACT DETAILS

Contact person other than parents:		Telephone no. 1	
		Telephone no. 2	
		Relationship:	
Family Doctor – Name:		Telephone no.	
		Allergies	
		Handicaps	
		Other	

*“... Allah has chosen him above you, and has gifted him abundantly with knowledge and bodily prowess...” Sura Baqara (2) Verse 247*

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**FAMILY DETAILS**

**Parents:**

	Father	Mother
Title & Surname		
First Name		
Known as		
Physical Address		
Postal Address		
Postal Code		
Telephone no.(w)		
(h)		
(cell)		
E-mail address		
Identity No.:		
Marital Status		(if applicable)
Employer		
Business Address		
Type of Business		
Position in company		
Who will be responsible for payment of fees (tick)		

**Children:**

	Name(s) of other children in household	Age	Grade
1			
2			
3			
4			

**SCHOOL INFORMATION**

Name of previous school	
Principals name	
Telephone no.	

Date of application	Signature (parent/guardian)
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**FOR OFFICIAL USE ONLY**

Contacted	Date	/ /
Accepted	Yes	No
Fees	R	
Textbooks		
Name	Signature	
Contact Person	Date	

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**Sura Asr**



**Educational Institute**

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### **Pupil Enrollment Contract**

I, \_\_\_\_\_ the  
undersigned, parent / guardian of \_\_\_\_\_

- Hereby certify that the information provided by me/us in the application form(s) is true, complete and accurate.
- Undertake to comply with rules and regulations, code of conduct and disciplinary code of the Al-Asr Educational Institute and that I will ensure that my child/children/ward(s) comply therewith.
- I accept that if the school disciplinary committee finds my child guilty of any serious misconduct as described in the schools code of conduct for pupils he/she may be summarily suspended or expelled.
- Hold myself/ourselves accountable for the prompt payment of the Al-Asr Educational Institute's fees.
- Recognize that this contract is not binding on the Al-Asr Educational Institute unless signed by a duly authorized official of the Al-Asr Educational Institute.

#### **Payment of fees:**

The monthly fee for the above-mentioned student is R \_\_\_\_\_/month. I undertake to pay this fee (circle the appropriate option):

- Annually in advance
- In advance at the beginning of each term
- In advance at the beginning of each month
- By debit order on the 1<sup>st</sup> of every month with effect from \_\_\_\_\_.

Parent / Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorization (To be completed by the Al-Asr Educational Institute)

Authorization for and on behalf of the Al-Asr Educational Institute:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## ***INDEMNITY FORM***

I, \_\_\_\_\_ (full name & surname),  
the parent/guardian of \_\_\_\_\_  
(full name, surname and i.d. no), hereby give permission for him/her to participate  
In the curricular and extra-curricular activities of the Al-Asr Educational Institute  
And to go on excursions that are necessary in the course of such activities.

I accept that all responsible precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold the Al-Asr Educational Institute and its staff harmless against any claims of whatsoever nature arising out of an injury, damage or loss sustained in pursuance of the aforesaid participation.

I cede my power as parent/guardian to the Principal of the Al-Asr Educational Institute or his representatives, should medical treatment/surgery to my child be deemed necessary. As far as I know, my child is physically capable of participating in the various activities and he/she is in good health.

However, the persons responsible should please note the following (please state medical aspects that the staff should be aware of, e.g. allergies, tendency toward bleeding, epilepsy, etc.)

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\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

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### LETTER OF AGREEMENT

I parent of \_\_\_\_\_ hereby agree to the  
following conditions:

1. That fees will be paid timeously.
2. That my son/daughter will abide to the rules and regulations  
of the school.

Should any of the above not be carried out, my son/daughter will be  
suspended/expelled at short notice.

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
School Board

\_\_\_\_\_  
Date

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