

<h2 style="text-align: center; margin: 0;">ADMISSION FORM</h2> <p style="text-align: center; margin: 5px 0;"><i>Please fill in the entire form in block letters. Please write neatly and legibly.</i></p>	Application for Grade:	Affix Photo Here:
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LEARNER'S DETAILS											
First Names											
Surname											
Date of Birth	D	D	M	M	Y	Y	Y	Y			
Home Address											
RSA Identity No											
Gender	Male			Female			Home Language				
Population Group											
No of Parents	2	1	0	House Dr			Tel.				
Special Needs	<input checked="" type="checkbox"/>	<b>Details – Please Specify</b>									
Allergy											
Epilepsy											
Asthma											
Diabetes											
Other											

Please attach the ffg: Pupils birth certificate, both parents RSA ID copies, pupils photo

MOTHER'S DETAILS:												
First Names							Surname					
Home Address												
Postal Address												
Telephone	Home			Work			Cell					
E-mail Address							Fax No					

FATHER'S DETAILS:												
First Names							Surname					
Home Address												
RSA Identity No												
Postal Address												
Telephone	Home			Work			Cell					
E-mail Address							Fax No					

GUARDIAN'S DETAILS:												
First Names							Surname					
Home Address												
RSA Identity No												
Postal Address												
Telephone	Home			Work			Cell					
E-mail Address							Fax No					

MEDICAL INFORMATION			
Medical Aid Name		Membership No	
Medical Plan			
Doctors Name			
Doctors Tel No.			

EMERGENCY CONTACT PERSON			
Name & Surname			Relationship
Telephone nos (2)	1		2

TRANSPORT DETAILS			
Name & Surname			
Address			Tel.

I, \_\_\_\_\_ (full name),  
 Parent/guardian of \_\_\_\_\_ (full name),  
 hereby give consent for my child/ward to take part in the extra-mural activities of the Madresah, including games, athletics, educational tours, country excursions of historical, geographical, economic, political and religious interest.

I fully understand, and accept, that all tours and excursions, including all forms of transport, shall be taken at my child's/ward's own risk. I also undertake on behalf of myself, my wife and my child/ward (mentioned above) to hold harmless and absolve the governing body of Madresah Sheikh Zakariyyah and its associates, the Principal of Madresah Sheikh Zakariyyah, the staff of Madresah Sheikh Zakariyyah, and any person/s assisting Madresah Sheikh Zakariyyah in any way whatsoever from any or all claims whatsoever that may arise in connection with any loss or damage to the property of, or injury to the person of my child/ward (mentioned above) in the course of my child's/ward's (mentioned above) presence at Madresah Sheikh Zakariyyah, or the course of any tour or excursion that my child/ward (mentioned above) is involved in through Madresah Sheikh Zakariyyah, in the knowledge that the principal of Madresah Sheikh Zakariyyah, the staff of Madresah Sheikh Zakariyyah and the person/s assisting Madresah Sheikh Zakariyyah will take all reasonable precautions for the safety and welfare of my child/ward.

This I undertake in the presence of the following witnesses:

Name	Signature	Telephone No

Signature of parent/gaurdian			
Tel. No.		Date	

DECLARATION			
I hereby certify that according to the best of my knowledge that all the information given in this application form by me is true and correct and agree to abide by ALL the rules, regulations and conditions of the Madresah, a copy of which is available upon request			
Signature		Date	
Full Name		Relation to Pupil	
The above signature of the parent or guardian will be used as a specimen against the signature appearing on all correspondence or related matters between the Madresah and the parent/guardian.			

Head Office	<b>Physical Address:</b> 38-44 Nirvana Drive West, Extension 1, Lenasia, Gauteng, 1827. <b>Postal:</b> PO Box 456, Lenasia, 1820. <b>Tel.:</b> +27(11) 852-1112/3 <b>Fax:</b> +27(11) 854-2528 <b>E-Mail:</b> info@kmsz.org.za <b>Hotline:</b> 084 588-5615
Cyrildene	<b>Physical Address:</b> 13 Tainton Street, Cyrildene, 2198. <b>Postal:</b> P.O. Box 28841, Kensington, 2101 <b>Tel.:</b> +27(11) 622-7867 <b>Fax</b> 0866307017 <b>E-Mail:</b> junaid.salloo@gmail.com <b>Hotline:</b> 0829313812
Port Elizabeth	<b>Physical Address:</b> 42 Cnr Rudolph & Saliehout Avenue, Malabar, Port Elizabeth, 6020 <b>Postal:</b> PO Box 10841, Linton Grange, 6015 <b>Tel:</b> 081 311-8529 <b>Fax:</b> 086 579-0619 <b>E-Mail:</b> alazhar01@gmail.com <b>Hotline:</b> 073 211-7431
Durban	<b>Physical Address:</b> 25 Starr Street, Verulam, 4340. <b>Postal:</b> PO Box 1860, Verulam, 4340. <b>Tel.:</b> +27(32) 533-5111 <b>Fax:</b> 088 0325335111 <b>E-Mail:</b> 5335111@telkomsa.net <b>Hotline:</b> 082 786-0568
Cape Town	<b>Physical Address:</b> 38-44 Nirvana Drive West, Extension 1, Lenasia, Gauteng, 1827. <b>Postal:</b> PO Box 456, Lenasia, 1820. <b>Tel.:</b> +27(11) 852-1112/3 <b>Fax:</b> +27(11) 854-2528 <b>E-Mail:</b> info@kmsz.org.za <b>Hotline:</b> 084 588-5615