



MADRASAH
Fatimatuz Zahra

**ISLAMIC AND
ACADEMIC SCHOOL**
031-4091402
0742062069








Admission Form

Assalaamu-Alaykum

Praise be to Allah and peace and salutations be upon the Blessed Prophet (S.A.W). It is with pleasure that we welcome you and your child to Madrasah Fatimatuz Zahra. We hope to create a memorable learning experience for your child and look forward to assisting your child in reaching her potential and moulding her future. May Allah guide our steps and lead us to success in both worlds Ameen.

To assist you with the admission process, we have provided a checklist of our Admission Procedure.

Supporting Documents :

-  Previous School report card (if applicable)
-  Copy of your child's birth certificate *
-  Copy of both parents' ID *
-  Copy of updated health card *
-  Copy of medical records
-  Transfer letter (If applicable)
-  Completed Application for admission booklet. Please ensure all forms in this package are filled out accurately and signed by both parents/students as outlined in required areas.

*Application will not be processed in the absence of these documents. Failure to produce within 7 days of enrolment will result in learner's de-registration.

Please read carefully the terms of the enrolment agreement

NOTE: All information provided in this package is confidential and will not be shared with a third party, unless otherwise stated.

APPLICATION FOR ADMISSION :

Surname	
Given Name (s)	
Preferred Name	
ID No.	
Address	
Grade/Course Applying for	
School transferred from	
Last Grade passed	
Last school attended (name and address)	
Last percentage received (Overall)	

PARENT 1 INFO

Title	
Name	
Home Address	
City	
Province	
Tel/Cell	
Email	
Business Phone	
Occupation	

PARENT 2 INFO

Title	
Name	
Home Address	
City	
Province	
Tel/Cell	
Email	
Business Phone	
Occupation	

EMERGENCY CONTACTS

Contact 1 Name		Number:	
Relationship to student			
Contact 2		Number:	
Relationship to student			

MEDICAL INFO

	YES	NO	IF YES, PLEASE INDICATE/EXPLAIN
Did your child ever get her eyes tested?			
Does your child have any allergies?			
Is your child currently taking any medication?			
Does your child need to keep medication at school for any medical condition ?			If yes, please include a copy of the doctor's report stating that the child needs the medication

Please comment below on your child's overall health (if your child is not able to participate in certain athletic and/or school activities, please outline)

PARENT/GUARDIAN'S CONSENT

In case of emergency resulting from an accident or illness where prompt medical attention is deemed necessary and the parents/guardians cannot be immediately contacted, permission is hereby granted to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. Please sign below

Parent/Guardian 1 Signature		DATE	
Parent/Guardian Signature 2		DATE	

CELLPHONE POLICY

Madrasah Fatimatuz Zahra has implemented a NO CELL PHONE policy. In accordance to the policy, the learners are strictly prohibited from carrying a cell phone to the Madrasah premises. Should any learner be in the possession of a cell phone or any technological gadget, it would be immediately confiscated and the learner would be dealt with according to the Madrasah Handbook. The following agreement, signed by both parent and student, ensures us of your cooperation with the above policy of Madrasah Fatimatuz Zahra.

CONSENT OF LEARNER

I _____, child of _____ in Grade/class _____, abide by the cell phone policy and will thereby refrain from carrying on my person a cell phone or related gadget. I give Madrasah Fatimatuz Zahra permission to search my belongings should the need arise.

Signature of student; _____ Signature of parent: _____

WAIVER

Throughout the school year, students will be taking part in various activities in and out of Madrasah.

I/We give permission for my child to participate in the activities hosted in or out of Madrasah as stated above. I understand that my child may be exposed to risk of injury during the course of the year and I therefore do not hold the Madrasah liable for any form of damage, loss or injury.

Parent/Guardian 1		Date	
Parent/Guardian 2		Date	

TRANSPORT

Please enquire regarding passenger vacancy in the vehicle before filling this out :

Would you require Madrasah transport services for your child? YES/NO

Pick up and drop off/ Pick up only/Drop off only (underline where applicable) on days : M/T/W/TH/F

Calculated cost per month :

Method of payment:

Term of payment (weekly, monthly, yearly)

I _____ agree to pay the transport fees as laid out above. Signature :	
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Please fill in the Transport Waiver below if you applied to use the Madrasah transport.

TRANSPORT WAIVER

Please note that Madrasah will continue striving to provide safe and reliable transportation to our students, and we will try our best to ensure that students are not at risk. This is done by regular vehicle inspection and servicing, as well as careful driving and reciting the dua in the vehicle. However, just as the case is with any motor vehicle, irrespective of how careful a person may be, risks are always present and accidents are possible. It is for this reason that Madrasah requests you to register your child for transportation AT YOUR OWN RISK. This waiver is a requirement as travelling by transport is done at one's own risk and this absolves the Madrasah from any responsibility, should any loss or damage occur, Allah forbid.

I am fully aware that travelling with Madrasah transportation has some inherent risks and injury can occur. In consideration of my child being able to utilize the Madrasah transport, I the PARENT/GUARDIAN assume the risk of all injury and agree not to hold Madrasah Fatimauz Zahra, its staff, the board management, the driver, donors and volunteers for any and all injuries caused by or resulting from travelling to or from Madrasah. By signing this waiver, I hereby register my child for Madrasah transportation at my own risk, and understand that any accident, injury, loss of any kind or damage will not be the responsibility of Madrasah Fatimatuz Zahra.

In the case of emergency, I would like

- Staff to inform the parent/guardian immediately without taking any action
- Staff to administer first aid to the best of their knowledge and then call parent/guardian
- Staff to call an ambulance immediately and thereafter contact parent/guardian

Parent/Guardian (1) signature	
Parent/Guardian (2) signature	

ENROLLMENT AGREEMENT

20_____ Academic Year

1. I/we will support, reinforce and abide by any and all rules, regulations and policies put in place by Madrasah Fatimatuz Zahra. By enrolling in Madrasah Fatimatuz Zahra, a student and parent automatically assume the obligation to comply with the provisions of the student Handbook and all school policies.
2. I/We understand that all deposits are non-refundable, as their purpose is to confirm our child's position in Madrasah Fatimatuz Zahra for the full academic year.
3. In order to confirm a placement for our child, all required documentation and all required registration fees, must be completed and submitted to the school office.
4. I/We agree that my/our obligation to pay the full year's fee is unconditional.
5. I/We have completed and submitted the enrolment application
6. I/We understand that Madrasah Fatimatuz Zahra reserves the right to dismiss a student where the continued attendance of that student will not be in the best interest of the student or the school.
7. I/We understand that this document is to be considered as an application for registration and is conditional until confirmed by payment of deposit.

Signed by parent; _____

Signed by pupil: _____

HOD: (as confirmation of acceptance into MFZ) _____

Dated; _____