

HABIBIA SOOFIE MADRESSA
HABIBIA SOOFIE SAHEB MASJID, CAPE TOWN



C/O DUINE AND JOHNSTON ROADS
 RYLANDS ESTATE
 ATHLONE



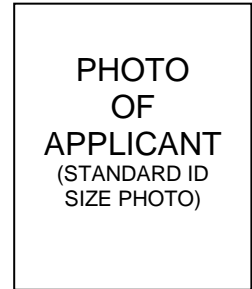
CONTACT DETAILS:

MOULANA LUQMAAN KAGEE: 079 09 786 98
 MU'ALLIMAH NASEEMA KAGEE: 083 30 310 94 /
 021 638 6509

ANNUAL REGISTRATION FEE: R200,00

FOR OFFICE USE ONLY

DATE REGISTERED: _____
 STUDENT RECITATION LEVEL, (KITAB, QURAN OR HIFZ): _____
 STUDENT CLASS ALLOCATION (1, 2 OR 3): _____
 STUDENT CLASS TIME: (WEEKDAYS, SATURDAY MORNING): _____



SECTION A1: STUDENTS PERSONAL DETAILS:
PLEASE ATTACH A COPY OF IDENTITY DOCUMENT/ PASSPORT

SURNAME		PRESENT GRADE
	RESIDENTIAL ADDRESS	SCHOOL
FULL NAME AS OF BIRTH CERTIFICATE/ ID DOCUMENT		SCHOOL CONTACT DETAILS
DATE OF BIRTH		DOES THE APPLICANT CURRENTLY HAVE ANY SIBLINGS AT THE MADRESSA?
FIRST LANGUAGE	POSTAL ADDRESS	
NATIONALITY	HOME PHONE NUMBER	
	STUDENT CELL NUMBER	
		IF YES, PLEASE INDICATE ABOVE.

SECTION A2: STUDENT EDUCATION DETAILS

MADRESSA ATTENDED
PREVIOUSLY

IS YOUR CHILD ON A HIFZ
PROGRAMME? IF YES,
PLEASE STATE AMOUNT OF
CHAPTERS (JUZ)
MEMORISED.

CAN YOUR CHILD READ
QURAN AT ALL?

HAS YOUR CHILD STUDIED
ANY OTHER SUBJECTS AT
HIS/ HER PREVIOUS
MADRESSA? IF YES, PLEASE
STATE SUBJECTS

SECTION A3: STUDENT MEDICAL DETAILS

DOES THE STUDENT SUFFER FROM ANY ILLNESSES, EG: ASTHMA, DIABETES,
ALLERGIES, ETC...? IF YES, PLEASE INDICATE.

DOES THE STUDENT HAVE ANY SPECIAL MEDICAL NEEDS? IF YES, PLEASE GIVE
DETAILS.

HAS THE STUDENT RECEIVED ANY TREATMENT FOR ANY EMOTIONAL OR
PSYCHOLOGICAL UPSET? IF YES, PLEASE GIVE DETAILS.

PLEASE SPECIFY ANY OTHER RELEVANT MEDICAL DETAILS.

FAMILY DOCTOR

ADDRESS

CONTACT DETAILS

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE ENOUGH TIME TO REFER TO STUDENT RECORDS. THE INSTITUTE THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

SECTION B: DETAILS OF PARENTS/ STEP-PARENTS/ LEGAL GUARDIANS
PLEASE ATTACH A COPY OF IDENTITY DOCUMENTS/ PASSPORTS

SECTION B1: FATHER/ STEP-FATHER/ LEGAL GUARDIAN

_____ SURNAME	_____ RELATIONSHIP WITH APPLICANT	_____ POSTAL ADDRESS
_____ FULL NAME AS OF BIRTH CERTIFICATE/ ID DOCUMENT	_____ _____ _____	_____ OCCUPATION
_____ IDENTITY NUMBER	_____ _____	_____ HOME PHONE NUMBER
_____ FIRST LANGUAGE	_____ RESIDENTIAL ADDRESS _____ _____	_____ CELL NUMBER
_____ NATIONALITY	_____ _____ _____	_____ WORK NUMBER

SECTION B2: MOTHER/ STEP-MOTHER/ LEGAL GUARDIAN

_____ SURNAME	_____ RELATIONSHIP WITH APPLICANT	_____ POSTAL ADDRESS
_____ FULL NAME AS OF BIRTH CERTIFICATE/ ID DOCUMENT	_____ _____ _____	_____ OCCUPATION
_____ IDENTITY NUMBER	_____ _____	_____ HOME PHONE NUMBER
_____ FIRST LANGUAGE	_____ RESIDENTIAL ADDRESS _____ _____	_____ CELL NUMBER
_____ NATIONALITY	_____ _____ _____	_____ WORK NUMBER

SECTION C: DECLARATION OF PARENTS/ STEP-PARENTS/ LEGAL GUARDIANS

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE. WE HEREBY ACKNOWLEDGE THAT WE HAVE BEEN PROVIDED WITH A COPY OF THE CODE OF CONDUCT. WE HAVE READ IT AND AGREE TO ABIDE BY IT. FURTHERMORE, WE WILL HONOUR THE ARRANGEMENTS OF THE MADRESSA IN TERMS OF THE FEES AND OTHER PAYMENTS (i.e. text books, etc.). ANY SUBSTITUTION, MODIFICATION OR ADDITION HERETO WHICH THE MADRASSAH MAY DEEM NECESSARY WOULD BE BROUGHT INTO EFFECT FROM TIME TO TIME.

SIGNATURE OF FATHER/STEPFATHER/ LEGAL GUARDIAN:

SIGNATURE OF MOTHER/STEPMOTHER/ LEGAL GUARDIAN:

SIGNED AT: _____ DATE: _____