

**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

**NON-REFUNDABLE 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): \_\_\_\_\_

**PHOTO  
OF  
APPLICANT**  
(STANDARD ID  
SIZE PHOTO)

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

\_\_\_\_\_  
SURNAME

\_\_\_\_\_  
RESIDENTIAL ADDRESS

\_\_\_\_\_  
PRESENT GRADE

\_\_\_\_\_  
FULL NAME AS OF BIRTH  
CERTIFICATE/ ID DOCUMENT

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SCHOOL CONTACT DETAILS

\_\_\_\_\_  
FIRST LANGUAGE

\_\_\_\_\_  
POSTAL ADDRESS

\_\_\_\_\_  
DOES THE APPLICANT  
CURRENTLY HAVE ANY  
SIBLINGS AT THE  
MADRESSA?

\_\_\_\_\_  
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:

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SIGNATURE OF MOTHER/STEPMOTHER/ LEGAL GUARDIAN:

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SIGNED AT: \_\_\_\_\_ DATE: \_\_\_\_\_