

2025



**The Dr Ahmad Essa El Masarawi Center**

**Main Campus: 50 Vlei Road, Schaapkraal.**

**Second Campus: 46 Douglas Road, Wynberg.**

# STUDENT APPLICATION FORM OF:

\_\_\_\_\_  
Name and surname

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Checklist of documents required with this application. The applicant will only be allowed in class if the registration fee was paid and all documents including the application form was received (and signed).

	Copy of applicant's birth certificate/ ID and both parents' identity documents.
	Copy of utility bill as proof of address (rates, telephone, etc., that is not older than three months)
	Registration fee of R 100
	Most recent Madrasah and school report (if the applicant has attended school before).

This contract is valid for one year only and stands to be renewed at the start of each academic year

### **PERSONAL DETAILS AND MEDICAL INFORMATION**

Parents' information						
	Mother				Father	
Name & surname						
Address						
Identity number						
Home phone no						
Cell phone no						
Email address						
Employer/ company's name						
Position						
Work no						
Child is living with	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>
Name of last school attended:	Reason for leaving:			School's contact no:		

Additional persons' contact information		
	In case of emergency (other than parent)	Anyone else that's allowed to collect learner
Name & surname		
Address		
Home phone no		
Cell phone no		
Email address		
Relation to learner		

Please note that the child/ children will only be released to the persons whose details are on this form. If anyone else is sent to collect the child/ children, the parents will notify the school and the respective person should produce an ID. Should it be that any of the above persons will no longer be allowed to collect the learner, the parent with whom the child is living should produce a court order/ interdict that clearly states that the person in question is not permitted to have contact with the child. The learner will only be released once these conditions have been fulfilled.

Child Medical Information: To be used as reference in the instance of a medical emergency					
Child's full name		Date of birth		Blood type	
Doctor's name & no		Medical aid no (if applicable)			
Child is fully immunized	<input type="checkbox"/>	Child is progressing in completing immunization	<input type="checkbox"/>		
Give a general description of the child's state of health and physical condition:					
Did he/ she undergo any medical operations (and for what reasons):					
Did he/ she suffer from any communicable diseases (include approximate dates):					
Does he/ she suffer from any other illnesses (including diabetes, epilepsy, asthma, allergies, etc.):					
Details of any medical treatment that the child may be undergoing:					
How would you rate the child's memory	Weak	<input type="checkbox"/>	Average	<input type="checkbox"/>	Good
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Above average
I hereby request the principal and staff of El Masarawi Centre South Africa to act in my place (as loco parents) in all aspects while he/ she is in their care and accept the principal's decision as final and binding in all matters. This includes in acting on my behalf during times of medical and related emergencies, whereby I request and give permission to the principal and staff to contact the person mandated by me (if not myself) and/ or the					

emergency and ambulance services. In cases of medical and related emergencies, the staff will not be allowed to convey my son/ daughter in a private vehicle. Any medication that would be administered to the child by the school's staff during class hours will be detailed by myself (or someone duly appointed) on the MEDICINE ADMINISTRATION FORM (available on request). While I understand that all reasonable precautions will be undertaken to ensure the safety of my son/ daughter, all related risks and costs will be at my expense.

### Indemnity

I, the undersigned, \_\_\_\_\_ (name), being the \_\_\_\_\_ (relationship) of \_\_\_\_\_ (applicant's name), hereby wishes to apply for him/ her to attend **EL MASARAWI CENTER** as of \_\_\_\_\_ (date). I acknowledge and confirm the following:

I waive any and all claims that I may now and in the future have against, and release from all liability and agree not to sue or bring in disrepute **The El Masarawi Center** collectively or its staff, for any personal injury or loss sustained by my son/ daughter or myself as a result of any cause whatsoever, including without any limitation negligence on the part of **The El Masarawi Center** or its staff. I have been informed regarding the school's program and I am satisfied to enrol my son/ daughter at the school.

I undertake to assist the student with revision/ lesson at home- I understand that it is my responsibility to make sure that my son/ daughter prepare his/ her lessons at home and that his/ her homework is completed. I will monitor my child/ children's progress and sign his/ her message book on a daily basis.

I have been informed that the institute's holidays will not always correspond with that of the public schools; hence I undertake to make sure that my child is in class for the full duration of the teaching year and that I will determine family holidays, etc., in accordance with my child's schooling program. The school reserves the right to report all incidents of absenteeism, etc., to the Department of Social Development, the Department of Education, the South African Police Service, and all relevant bodies, should it be found that the child was unreasonably kept at home (when he/ she should have been in class). If a student 'forgot' his/ her revision during holidays, I understand that it is the school's policy that he/ she will be sent home until such time that they know their work again. The school will not take responsibility to re- teach that work which was lost over holidays.

In cases of absenteeism, late coming, or having to leave school early, I will call or email the Administrator/ teacher **BEFORE CLASS STARTS FOR THE DAY** in addition to sending a written note afterwards. I concede that no SMS'S (or whatsapp/ messages from parents' phone) will be accepted by the Madrasah and that any learner absent for a week without notice will be considered dismissed from the school whilst re-admission cannot be guaranteed. Every communication from me to the school (child's absenteeism, complaints, medication in case of my child being sick, etc.) will be reduced to writing (duly signed and dated).

On collection, I (or the person authorised by myself) will check that my child has all his/ her belongings and for any visible injuries on his/ her person. In the case of harm or injury, I will request and fill out the Accident and Injury form provided by the school, and it will be signed by the teacher in charge in my presence. I will have no further claim if this procedure has not been followed.

I will allow my child to participate in excursions and extra- mural activities, of which I will carry all risks and costs associated to hazards, personal injury, damages, etc (The signing of this form allows my child to participate in these activities). I will stand responsible for any misdemeanours perpetrated by my child against the property of the school or of any other institution or person at my full expense.

The monthly school fees have been made known to me and I undertake to pay these fees every month **IN ADVANCE** for 12 months per year. I am being made aware that in terms of Section 45 of the magistrate's court act 32 of 1994, the school is entitled to institute legal proceedings for the recovery of any monies owing by me to the school and that any costs incurred for this purpose will be for my account. No reports/ transfer letters etc.; will be issued if there is outstanding accounts in the name of the learner. In the case that it has been decided that my child/ children will not be attending the school anymore, I will notify the school in writing at least four weeks prior to my child leaving the school and that I will be liable for any outstanding accounts. I will make sure to obtain a receipt for all monies paid by me to the school.

Should I have any dispute or complaint with a teacher or a particular student, I will bring it to the notice of the Administrator in writing. I will avoid having any direct confrontations with the learners or teachers with this regard or with issues of an administrative nature (including school fees, etc.). I will make myself available for discussions with the concerned parties with the intention to amicably seek solutions to the issues concerned. I will respect the confidentiality in which such discussions will be held for the greater good.

I am being informed that each student registered at the institute is enrolled on a three- month probation period. The school reserves the right to review the student's application during this period as well as after it in terms of the students' progress, behaviour, his/ her response to the learning environment, etc. I agree to meet teacher/s if asked to do so and I understand that failure to comply would result in my child/ children not being allowed to enter class. All meetings between me and the administrator or any of the teachers will be by prior appointment only

Signature: \_\_\_\_\_

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



The Dr Ahamd Essa El Masarawi Center (South Africa)  
Subsidiary of the Imaam Shaatibi Institute for Quranic Education  
Campus address: 50 Vlei Road Schaapkraal  
Office address: 50 Vlei Road Schaapkraal



Second Campus: 46 Douglas Road, Wynberg

**Account Details:**

Bank	FNB
Account Name	El Masarawi Centre
Account Number	63063290521
Branch	Grassy Park
Branch Code	203109

I undertake to deposit the monthly amount of R 400(FOUR HUNDRED RAND) for the afternoon Madrasah program on the 1<sup>st</sup> of every month in advance for the time that my son / daughter is schooling at the El Masarawi Centre South Africa.

Kindly indicate how you wish to receive your monthly receipt or upcoming payment reminder.

Email. \_\_\_\_\_ Text message/whatsapp \_\_\_\_\_

Kindly provide email address or number for preferred communication method.

.....  
SIGNATURE

.....  
Date