MADRASAH ISHA'ATUL HAQ

"Learn. Practice. Preach"

5 Thorntree Road, Albert Falls, 3220 Cell: 066 229 8763 Email: admin@mihaq.co.za

APPLICATION FOR ADMISSION

STUDENT DETAILS	
Name:	Surname:
Date of Birth:	ID Number:
Residential Address:	
Please Specify below what your child/guardian will be attending: Hifz Class _____ Aalim Class _____ One Year Course _____	
Please attach copy of Birth Certificate/ID to Application form	
FATHER/MALE GUARDIAN DETAILS	
Name:	Surname:
ID Number:	Occupation:
Home Contact Number:	Cell phone Number:
Work Number:	Email Address:
Residential Address:	
Work Address:	
Please attach copy of ID to Application form	
Kindly provide alternate (male) contact details below, in the event of the father/guardian being unavailable	
Name:	Contact Number:
Relation to learner:	Residential Address:

OTHER INFORMATION	
Language spoken at home:	Other Languages known:
Please specify below any physical/mental ailments/handicap:	
Please specify below any medical conditions and/or medication being used and how often:	
Please state below any information that the institute and its officials need to know concerning your son/ward:	
N.B. NO STUDENT WILL BE ALLOWED TO SMOKE AT MADRASAH	
ANY STUDENT CAUGHT SMOKING OR ABUSING ANY SUBSTANCE WILL BE A) SUSPENDED OR B) EXPELLED AT THE DISCRETION OF THE OFFICIALS OF THE MADRASAH	
PLEASE ATTACH A LETTER OF RECOMMENDATION FROM YOUR LOCAL IMAAM OR PREVIOUS USTAAD.	

FEES DETAILS		
Fees for 2025 are set at R33 000.00 per annum or R8250.00 per Term		
Please indicate below by way of signing which option would be suitable to you		
Option 1: 1 Full Payment: R33 000.00	Payable at beginning of the year	Sign:
Option 2: 4 Term Payment: R8250.00	Payable at the beginning of each term	Sign:
Option 3: 10 Monthly Payment: R3300.00	Payable at the beginning of each month	Sign:
Option 4: Special Arrangement	Should you be unable to afford the aforementioned fees, please indicate the amount you are able to contribute:	Per month: _____ Per year: _____

Please indicate whether the child/ward is eligible for Zakaat: Yes/No

I acknowledge my responsibility to inform the Madressah of any changes during my child/ward's period of study.

Sign: _____

INDEMNITY:

Please read and complete the prescribed indemnity form:

I, _____ (full name and surname) in my capacity as Parent/Guardian of _____ (full name and surname of learner) attending MADRASAH ISHA'ATUL HAQ (herein referred to as The Madrasah) do hereby undertake:

a) To inform the madrasah promptly regarding any changes in address, telephone numbers and domestic situation that affects my child/ward

b) To inform the madrasah of any illnesses of concern in my household

c) To ensure adherence to all madrasah rules

d) To ensure regularity in attendance

e) To pay the madrasah fees punctually, as mentioned in my choice above

I, hereby, in my capacity as parent/guardian, grant consent for my child's/ward's participation in all extracurricular activities, including visits and tours. I fully understand that all extra-curricular and mural activities are at my child's/ward's own risk. I, hereby, indemnify, hold harmless and absolve the Institute and all staff members in their individual and collective capacity against any claim that may arise out of any act of omission, whether negligent or otherwise, in connection with any loss, damage to property or injury to my child within any madrasah activity, whether extra-curricular or otherwise, which shall also include the boarding and transport when provided.

Dated at _____this_____ day of_____20

Signature: _____

IMPORTANT NOTE: This submission constitutes an application. Confirmation of acceptance will be provided by the Madressah office at 064 515 0065.