



APPLICATION FOR ADMISSION - YEAR _____

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes No



Name of other learner(s) : _____

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: RSA Other: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: Afrikaans English Other: _____

Learner's language preference: Afrikaans English

Other: _____

Learner mobile number: _____

Learner e-mail address: _____

Admission date: _____

Current Grade : _____

Application for Grade: _____

Pre-primary education attended: Formal Informal

Other:

Attach learner photo:



Method of transport: Private Taxi Bus

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Recent Secular Report: _____ Waiting list: A B

Recent Islaamiat Report: _____ Number on waiting list: _____

Accepted / Rejected: _____ Both Parents ID copy:

Application fee:

Vaccination

Card: Birth

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried

Foster care Childrens home Single parent - Divorced

Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Gauteng : Yes No

Learner attended school last year: Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Home tel: _____

Fax: _____

E-mail: _____

Residential address: _____

Postal address: _____

Occupation status: Own Employer Non-Professional
 Own Employer Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

Is the learner living with this parent? Yes No

ACCOUNTABLE PERSON'S INFORMATION

Biological Parent 1

Biological Parent 2

Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Home language: Afrikaans English Other: _____

Communication preference: SMS E-mail
 Mail By hand

Language preference: _____

Mobile number: _____

Telephone number: _____

Fax number: _____

E-mail: _____

Residential address: _____

Postal address: _____

Postal Code: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____

Name: _____

Registration number: _____

Language preference: _____

Contact number: _____

Fax number: _____

Business address: _____

Postal address: _____

Postal Code: _____

CONTRACT WITH SCHOOL WITH REGARDS TO PAYMENT

Agreement between Lenasia Muslim School and _____ (Name of parent / guardian) with regards to the payment of school fees.

- a. Accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month:
- A Monthly
 - B Cash
 - C Internet transfer
 - E Stop order
- b. I agree to inform the Finance Dept in writing if I am unable to pay the fees. My child's admission will be secured for one (1) month.
- c. I understand that the school will take the necessary legal steps to recover any outstanding fees.
- d. I agree to give one (1) calendar month's notice should my child no longer attend school. In the last term, I undertake to give notice in October as November doesn't serve as a notice month.
- e. I declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.
- f. If you prefer to receive statements by e-mail, please indicate e-mail address _____
- g. I / We the parents / guardian of _____ undertake to honour the agreement as set out above.

Signature of Parent / Guardian: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I, parent / guardian of _____ hereby give permission that he / she may participate in all academic, sport and culture activities presented by the school in an organised manner. To participate in tests conducted by the school support team with the object of improvement in school work and to identify other problems.
2. I grant permission that my child may be transported by a public bus company approved by the school management. If there is only a small group of learners that needs to be transported, parents / teachers with valid drivers licences may be asked to transport them.
3. I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of the medical and / or hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's coarse negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he / she is physically able to participate in any organised activities and he / she resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child to obey the Code of Conduct and the disciplinary system of Lenasia Muslim School as included in the Policy of the school.
8. All pupils are subject to the regulations, rules and routine of the school as laid down by the Board of Governors. Parents undertake to co-operate with the school authority in enforcing them.

Signature of Parent / Guardian: _____ Date: _____



LENASIA MUSLIM SCHOOL

ADMISSION POLICY

1. The Lenasia Muslim School is open to all learners, irrespective of race, ethnicity, disability, gender, or religion.
2. The admission of pupils is subject to the availability of space in the respective grade to which the pupil seeks admission.
3. The ethos of the school is strongly "Islamic" in character and preference will be given to students who can cope with the compulsory religious subjects offered.
4. **Admission to the school will be determined by the following criteria:**
 - 4.1 Academic competence to cope with the respective Grade. A Copy of previous reports to be attached (secular as well as Islamiaat).
 - 4.2 Respect for the Islamic ethos of the school - even if the student does not belong to the "Islamic Faith".
 - 4.3 The pupil must have an unblemished record in respect of his/her behaviour at the previous school. A testimonial from an Alim or teacher is required.
 - 4.4 "The first come first serve principle", will be given preference.
 - 4.5 Siblings will be given preference, provided they apply timeously and meet all other admission requirements.
5. Pupils of L.M.S who take leave to complete HIFZ on a full-time basis will qualify for re-admission.
6. A pupil who seeks admission in **GRADE ONE** must turn 6 years before 30th June of the year in which admission is sought.
7. As a rule, the school does not admit students in Grades 10, 11, and 12. Representation to the Admission Committee in respect of exceptional cases will be considered.
8. The Admission Committee reserves the right to interview any applicant.
9. Applicants who are unsuccessful for the current year must complete a new application if they wish to apply for the following year.
10. The Admissions Committee reserves the right to accept applicants in any Grade, notwithstanding the above criteria. The decision of the Admissions Committee will be regarded as final