



# JOHANNESBURG MUSLIM SCHOOL

## APPLICATION FOR ADMISSION

LEARNER NAME: \_\_\_\_\_

GRADE APPLYING FOR: \_\_\_\_\_

NAMES OF SIBLINGS IN OTHER GRADES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ONCE COMPLETED, EMAIL TO: [admissions@jhbmuslimschool.co.za](mailto:admissions@jhbmuslimschool.co.za)

### FOR OFFICE USE ONLY

APPLICATION NO: \_\_\_\_\_

ADMISSION NO: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

APPROVED: YES/NO

CAPTURED: YES/NO

*~Where every child is important~*



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**ANNEXURE TO APPLICATION FOR ADMISSION FORM**

***ALL DOCUMENTS HAVE TO BE CERTIFIED / ATTESTED  
PHOTOCOPIES***

**SOUTH AFRICAN BORN CHILDREN**

1. ABRIDGED BIRTH CERTIFICATE / ID DOCUMENT OF CHILD/APPLICANT.
2. PARENT'S/GUARDIAN'S IDENTITY DOCUMENT
3. CLINIC CARD OR MEDICAL LETTER FROM GENERAL PRACTITIONER
4. PROOF OF RESIDENCE
5. STATEMENT OF ACCOUNT FROM PREVIOUS SCHOOL (STAMPED)
6. CHARACTER REFERENCE FORM (ATTACHED) TO BE COMPLETED AND STAMPED BY PREVIOUS SCHOOL
7. PREVIOUS FINAL YEAR REPORT
8. PREVIOUS FINAL YEAR MADRESSAH REPORT
9. LAST TERM REPORT (1<sup>ST</sup> TERM / 3<sup>RD</sup> TERM)
10. LAST TERM MADRESSAH REPORT (1<sup>ST</sup> TERM / 3<sup>RD</sup> TERM)

**NON-SOUTH AFRICAN BORN CHILDREN**

1. OFFICIAL PASSPORT OF CHILD / APPLICANT
2. STUDY PERMIT FOR CHILD / APPLICANT
3. PARENT'S/GUARDIAN'S ID / PASSPORT
4. PARENT'S/GUARDIAN'S WORK PERMIT
5. CLINIC CARD OR MEDICAL LETTER FROM GENERAL PRACTITIONER
6. PROOF OF RESIDENCE
7. STATEMENT OF ACCOUNT FROM PREVIOUS SCHOOL (STAMPED)
8. CHARACTER REFERENCE FORM (ATTACHED) TO BE COMPLETED AND STAMPED BY PREVIOUS SCHOOL
9. PREVIOUS FINAL YEAR REPORT
10. PREVIOUS FINAL YEAR MADRESSAH REPORT
11. LAST TERM REPORT (1<sup>ST</sup> TERM / 3<sup>RD</sup> TERM)
12. LAST TERM MADRESSAH REPORT (1<sup>ST</sup> TERM / 3<sup>RD</sup> TERM)



# APPLICATION FOR ADMISSION

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: \_\_\_\_\_

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 of learner: \_\_\_\_\_

Has the learner repeated the grade?: \_\_\_\_\_

Pre-primary education attended:  Formal  Informal  
 Other: \_\_\_\_\_

Attach learner photo: 

Photo

Method of transport:  Private  
 Taxi  
 Bus

## NEXT OF KIN INFORMATION

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Relation: \_\_\_\_\_

## OFFICE USE ONLY

Family code: \_\_\_\_\_

Register class: \_\_\_\_\_

Admission number: \_\_\_\_\_

## 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

Please list all conditions, chronic or otherwise: (such as, Hayfever, Asthma, Allergies, Diabetes, Epilepsy, etc.)

Diseases/Conditions: \_\_\_\_\_

Medication: (kindly attach a separate letter if there are any specific instructions related to 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: \_\_\_\_\_

Language preference: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation status:  Self Employed  
 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: \_\_\_\_\_

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

**DECLARATION BY PARENT / GUARDIAN**

I, \_\_\_\_\_ (Name of Parent / Guardian), hereby declare that the information supplied in this form is true and correct and that I, by way of my signature hereunder, authorise the Chairperson of the Board of Governors or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

**ACCOUNTABLE PERSON'S INFORMATION**

Kindly indicated the individual who will be accountable and responsible for fees and/or any other commitment as may be required in terms of the aforementioned learner

Biological Parent 1

Biological Parent 2

Other

If 'Other', please specify below:

**A) INDIVIDUAL**

Title: \_\_\_\_\_  
Full names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Home language:  Afrikaans  English  Other: \_\_\_\_\_  
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 Johannesburg 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 Officer in writing if I am unable to pay the fees.
- 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. If you prefer to receive statements by e-mail, please indicate e-mail address \_\_\_\_\_

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 Johannesburg Muslim School as included in the Policy of the school.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY**

I/We the parents of/I the guardian of \_\_\_\_\_ (name of learner) indemnify unconditionally and without restriction Johannesburg Muslim School and any person employed by Johannesburg Muslim School or any person acting on behalf of Johannesburg Muslim School against any losses, claims, injury or death that may be caused to the above learner by virtue of his or her use of any of the facilities provided by Johannesburg Muslim School.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**UNDERTAKING**

I, the undersigned:

1. Do hereby certify that the particulars furnished are true and correct;
2. Understand that this Application does not guarantee my child a place at the School;
3. Undertake that should my child be accepted, then I accept the Rules and Regulations and the Code of Conduct of the Johannesburg Muslim School and warrant that my child will comply with the Rules and Regulations and Code of Conduct of the School at all times. I further accept that any contravention or non compliance with any Rule, Regulation, and/or the Code of Conduct may warrant disciplinary measures as contained in the policies or Code of Conduct of the school. In particular, I undertake that I will not make use of cameras and other photographic and video equipment at all functions of the School. I further undertake that my child will take care of all textbooks given on loan to my child and that I will reimburse the School the costs of all textbooks damaged by my child, or not returned at year end, immediately upon demand. Should my child breach any of the Rules and Regulations of the School, then we hereby irrevocably authorise the Johannesburg Muslim School to immediately de-register him or her, without reference or notice to me, and in which event I will have no claim whatsoever against the Johannesburg Muslim School;
4. Do hereby acknowledge that I am responsible for the due and punctual payment of the fees, on a monthly basis, and that, by my signature hereto, I irrevocably agree to comply with the School's Fee Policy and agree that should I fail to pay the fees on due date, then the Johannesburg Muslim School shall be entitled to de-register my child and in which event I will have no claim against the School whatsoever;
5. Do hereby absolve and hold harmless the Johannesburg Muslim School, the Board of Management, the Shura, the Principal and staff, employees and agents from any or all claims whatsoever that may arise in connection with any loss of or damage to property, or injury to the person of my child / ward, howsoever caused. I fully understand and accept that all activities, conveyance, tours, excursions and extra mural activities shall be undertaken at my child's / ward's risk and hereby designate the Principal and I or any other person nominated by him or any other person acting on behalf of the Johannesburg Muslim School to act in loco parentis on my behalf, in the full knowledge that they will, nevertheless, take all reasonable precautions for the safety and welfare of my child / ward. I am responsible for the payment of all medical costs, where applicable, should any injury be sustained which cannot be ascribed to the negligence of the School. I cede my powers as parent / guardian to the Principal of the School or his representative should medical treatment be deemed necessary for my child.

I / We the parents / guardian of \_\_\_\_\_ undertake to honour the agreement as set out above.

I / We declare that the forms have been completed correctly. I have read and understand the acceptance requirements and school rules.

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Father / Guardian 1: \_\_\_\_\_

Signature of Mother / Guardian 2: \_\_\_\_\_

**OFFICE USE ONLY**

- PARENTS IDENTITY DOCUMENTS RECEIVED
- LEARNER'S IDENTITY DOCUMENTS RECEIVED
- LEARNER'S CLINIC CARD RECEIVED
- LEARNER'S TRANSFER CARD RECEIVED
- LEARNER'S REPORT CARD RECEIVED
- LEARNER'S PORTFOLIO RECEIVED
- CHARACTER REFERENCE RECEIVED

**PLEASE NOTE:  
KINDLY NOTIFY THE OFFICE IF THERE IS ANY  
CHANGE IN ANY DETAIL/INFORMATION PROVIDED  
ABOVE**



# JOHANNESBURG MUSLIM SCHOOL

CORNER BREE & BURGHESDORP STREETS, FORDSBURG 2092  
TELEPHONE (011) 838 – 2559 / 2534 TELEFAX (011) 838 -9409 / 0004  
P O BOX 216 CROWN MINES 2025  
email : principalb@jhbmuslimschool.co.za  
www.jhbmuslimschool.co.za

## CONFIDENTIAL CHARACTER REFERENCE REPORT FOR ADMISSION TO SCHOOL

Respected Principal or Representative

We hereby request you or your representative to complete the form below as comprehensively as possible for the learner below and forward the completed form to fax or email above for attention of the principal.

Surname and Name of Learner: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Present Grade: \_\_\_\_\_

ACADEMIC AND CHARACTER ASPECTS		
Place a tick <input type="checkbox"/> or yes or no in the block next to the appropriate description.		
<b>Intellectual Ability</b> • Above average <input type="checkbox"/>	• Average <input type="checkbox"/>	• Below Average <input type="checkbox"/>
<b>Attendance</b> • Good <input type="checkbox"/>	• Satisfactory <input type="checkbox"/>	• Poor <input type="checkbox"/>
<b>Neatness</b> • Outstanding <input type="checkbox"/>	• Satisfactory <input type="checkbox"/>	• Poor <input type="checkbox"/>
<b>Exceptionally</b> Conscientious <input type="checkbox"/>	Conscientious <input type="checkbox"/>	Not conscientious <input type="checkbox"/>
1. Does the learner have any <b>behavioural problems / inability to adapt</b> ? Yes/No If yes, please state problem: _____		<input type="checkbox"/>
2. Has the learner appeared at a <b>Disciplinary hearing</b> ? Yes/No If yes, please state reason. _____		<input type="checkbox"/>
3. Does the learner have <b>Outstanding School Fees</b> ? Yes/No If yes, please state amount outstanding: _____		<input type="checkbox"/>
4. Number of Days Absent: _____ Merits: _____ De-merits: _____ If any De-Merits please state reason/s: _____		
5. State any <b>exceptional achievement/s</b> of learner.		
6. Please state particulars of any <b>leadership position</b> which the learner has filled.		
7. Is there any <b>relevant information</b> you would like to draw to our attention? If so, please specify:		

Kind regards

Name and Signature of Principal/Representative of other School: \_\_\_\_\_

Please insert your school stamp in block provided
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