## MADRASAH DÄRUL-ĀRQAM

ملىستردار الأرقر

Cnr. Riverside Dr. & Swartgoud St., Ridgeway, Jhb

Tel.: 011 433 0961

E-Mail: admin@darul-argam.co.za

State the Desired Grade of this Application					
Student Information					
Surname		Name			
Gender:		ID Number:			
Date of Birth		Nationality			
Residential Address					
Health/ Other Concerns					
Previous Islamic Academic Details					
Institution Name					
Last Grade Passed					
Year					
Aggregate Achieved					
Ḥifẓ [Ajzā Memorised]					
Parent/ Guardian Information [Father]					
Surname		Name			
ID Number		Contact Number [M]			
Contact Number [H]		Contact Number [W]			
E-Mail Address:					
Residential Address					
Parent/ Guardian Information [Mother]					
Surname		Name			
ID Number		Contact Number [M]			
Contact Number [H]		Contact Number [W]			
Email Address:					
Residential Address					
Sibling Information					
Does the student have a sibling/s in the madrassah?		[Yes] or [No]			
If yes, how many siblings a	If yes, how many siblings are currently in the madrassah?				
Please provide at least one sibling name and Grade					
Acknowledgement & Indemnity					
I acknowledge receipt of circular one of 2015, agree to indemnify the Teacher/Trust and it's agents against any form of injury, etc. during the above mentioned child's attendance at, to and from the Madrasah and waive any claim against the Madrasah, also commit to paying the fees as prescribed by the institution and agree to the code of conduct and rules of it.					
Signature [Father]		Date			
Signature [Mother]		Date			

## For Office Use Only

Class		Teacher	
Date Joined:	Dd/mm/ccyy	Fees Discount [If any]	
Comments			