



INCORPORATING
**MASJIDUR-RAOOF &
 MADRASATUR-RAOOF**

Physical Address:
 Cnr. of Dietrich and Stanley Roads
 Highlands Estate
 Postal Address: 95 Sirius Road
 Surrey Estate, Athlone, 7764
 Tel: 021 638 1997
 Fax: 086 731 9958
 Office Email: hwt.shariah@gmail.com
 Website: www.hwt.org.za

AFTERNOON CLASSES (APPLICATION FORM)

MADRASATUR-RAOOF – All classes are conducted at the Madrasatur-Raoof Lecture Room

APPLICANT'S INFORMATION:		Student / Learner Number:
Surname		
First Name		
Identity Number (Plus copy of ID)		
Address		
Home Language/s		
Date of Birth		
Current Grade at Government School		
Current Level of Islamic Education		
Name and contact Number of Referee that would confirm good character of applicant		
FAMILY INFORMATION:		
Father's Name		
Mother's Name		
Guardian's Name		
Residential Address		
MEDICAL CONDITION OF APPLICANT:		
Medical Status		
Medication used		
Name of Family Doctor		
Telephone Number of Family Doctor		
PARENT/ GAURDIAN CONTACT DETAILS		
Home Telephone Number		
Work Telephone Number		
Cellular Phone Number		
Email Address		
RESPONSIBLE FOR SETTLING FEES		
Name		
Contact Number		
NEXT OF KIN IN CASE OF EMERGENCY		
Name and Surname		
Address		
Telephone Number		
CONSENT, INDEMNITY, ACKNOWLEDGEMENT AND UNDERTAKING:		
I, _____ the undersigned hereby:		
a) Indemnify Madrasatur-Raoof against any liability claim which might result from any injury sustained by the applicant while at Madrasah. b) In the event of any emergency, and effective communication cannot be established with a parent or guardian, the principal or any other staff member of Madrasatur-Raoof shall have the authority to make any decision they consider necessary in the interest or welfare of the applicant, the Madrasah, and or the rest of the learners. c) I further acknowledge that Madrasatur-Raoof cannot be held responsible for the loss of any property by the applicant while on the premises of the Masjid or Madrasah. d) I further undertake to see that the applicant will at all times practice the respect, character and etiquette befitting of a Muslim learner who is in a Madrasah and/or House of Allah.		
Signature (Parent/Guardian):		
Date		Comment:
Place:		Comment:

Bank details: (Highlands Waqaf Trust) • First National Bank (F.N.B) Current Account • Account Number: 620 1987 5121
 Lansdowne Branch • Branch Code: 203 209