MAKTAB ENROLLMENT FORM





Name of Pupil:	
Surname:	
Residential Address:	
Date of birth:	Grade in school:
PARENT'S DETAILS	
Fathers name:	
Occupation:	
Mothers name:	
Occupation:	Marital status:
Cell. No (Father):	(Mother)
Email Address:	
Does the student have any	permanent illness, disability, medical
problem or any other problems	s?



Please note that the Madrasah fees per pupil is R200.00 per month.

Please tick one of the following

ricase tiek one of the following
I agree to pay the sum of R200.00 per month as fees for my child/ward.
I cannot afford the Madrasah Fees and hereby appoint and authorise the Ta'limi Board to subsidise my child's fees from alternate funds.
AGREEMENT
1. I, the undersigned, parent / guardian of the above child, hereby
apply for his / her admission to
(name of Madrasah), and agree to
abide by the rules and regulations of the Madrasah.
2. I agree to hold myself responsible for any damage caused to any
Madrasah property by the abovementioned child.
3. I hereby indemnify the Teacher/Trust and it's agents against any

3.	I hereby	indemnify	the Te	eacher/Trust	and it	t's agents	against	any
	form of i	njury, etc.	during	my child's/w	vard's	attendand	ce at, to	and

1	trom	the	Mac	drasal	n and	waive	any	claim	again	st the	Ma	drasal	n.

Signature:	Date:

BANKING DETAILS

Name of Bank:	ALBARAKA BANK (Kingsmead Durban)
Name of Account:	TALIMI BOARD NPO - ISIPINGO LILLAH
Account Number:	78600 293309
Branch Code:	800 000
Reference:	Fees (& Your child's name)