



FLORIDA ISLAMIC SCHOOL

110 Goldman Street, Florida, 1709 Tel: 011 472 0172 Email: info@fis.org.za Reg. No. NPC-2014/105271/08

APPLICATION FOR ADMISSION

GRADE APPLYING FOR	<input type="text"/>	GR(R)	<input type="text"/>	GR1	<input type="text"/>	GR2	<input type="text"/>	GR3	<input type="text"/>	GR4	<input type="text"/>	GR5	<input type="text"/>	GR6	<input type="text"/>	GR7
YEAR APPLYING FOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LAST GRADE PASSED <input type="text"/>											

Documents Required

Certified Copies of the following documents must be attached to this application.

- | | |
|---|---|
| <input type="checkbox"/> ABRIDGED BIRTH CERTIFICATE | <input type="checkbox"/> MOTHER'S ID |
| <input type="checkbox"/> VACCINATION CARD | <input type="checkbox"/> FATHER'S ID |
| <input type="checkbox"/> TRANSFER CARD | <input type="checkbox"/> FINANCIAL CLEARANCE |
| <input type="checkbox"/> LAST REPORT RECEIVED | <input type="checkbox"/> FEE STRUCTURE |
| <input type="checkbox"/> APPLICATION FEE (R300) | <input type="checkbox"/> ENTRANCE EXAMINATION |

Foreign Nationals must submit the following additional documents

- | | |
|--|--|
| <input type="checkbox"/> STUDY PERMIT IN RESPECT OF LEARNER | |
| <input type="checkbox"/> TEMPORARY OR PERMANENT RESIDENCE PERMIT FROM SOUTH AFRICAN DEPARTMENT OF HOME AFFAIRS | |
| <input type="checkbox"/> IF ABOVE IS NOT AVAILABLE, EVIDENCE OF APPLICATION FOR SUCH DOCUMENTATION IS REQUIRED | |

General Declaration

We the undersigned, hereby certify that the information provided by us in this Application is complete and accurate.

We also agree to the Terms and Conditions as set out herein.

We understand that this Application may be reconsidered in the case where important information, which should be brought to the School's attention is withheld.

FATHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>
MOTHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>

Student Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
GENDER	<input type="text"/>	AGE AT NEXT BIRTHDAY	<input type="text"/>
LAST SCHOOL ATTENDED	<input type="text"/>		
HOME ADDRESS	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LANGUAGES	<input type="text"/>		
NO OF CHILDREN	<input type="text"/>	POSITION IN FAMILY	<input type="text"/>
COUNTRY OF BIRTH	<input type="text"/>	NATIONALITY	<input type="text"/>
DATE OF IMMIGRATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
NO OF SIBLINGS AT THE SCHOOL	<input type="text"/>	NAME	<input type="text"/>
		GRADE	<input type="text"/>
		NAME	<input type="text"/>
		GRADE	<input type="text"/>
		NAME	<input type="text"/>
		GRADE	<input type="text"/>

Father's Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCCUPATION	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOME TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WORK ADDRESS	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	POSTAL CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WORK TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EMAIL	<input type="text"/>

Mother's Information

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCCUPATION	<input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/>		
	<input type="text"/>	POSTAL CODE	<input type="text"/>
HOME TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WORK ADDRESS	<input type="text"/> <input type="text"/>		
	<input type="text"/>	POSTAL CODE	<input type="text"/>
WORK TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EMAIL	<input type="text"/>

Medical Information

FAMILY DOCTOR	<input type="text"/>	TEL NO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ADDRESS	<input type="text"/> <input type="text"/>		
MEDICAL AID	<input type="text"/>	MEDICAL AID NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ALLERGIES	<input type="text"/>		
MEDICATION	<input type="text"/>		

Contact in Case of Emergency

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
RELATIONSHIP	<input type="text"/>	EMAIL	<input type="text"/>
WORK TEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CELL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Medical Declaration

The information supplied in this form will be strictly confidential and shall be made available only to appropriate persons.

IN CASE OF EMERGENCY:

I hereby give permission to qualified health personnel (Family Physician, School Nurse, Other Outside Emergency Medical Personnel or staff who possess a current First Aid Certificate) to provide treatment for my Child.

It is understood that teachers, the administration and the School Board personnel are not responsible for Medical Care costs.

PLEASE NOTE:

The success of the application is subject to an entry exam.

The responsibility lies with the Parent/Legal Guardian to advise the school of any changes in the Medical or Physical condition of the Student.

FATHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>
MOTHER'S NAME	<input type="text"/>	SIGNATURE	<input type="text"/>

EDUCATIONAL HISTORY OF LEARNER

Has your child/ward ever skipped or repeated a grade? YES / NO
If yes, which grade, year and why:

Has your child/ward ever been recommended or received an evaluation by an educational psychologist or specialist? YES / NO
If yes, please provide details:

Has your child/ward been suspended or expelled from school in the past two years? YES / NO
If yes, what was the misdemeanour?

OFFICE USE ONLY

The outcome of the application and/special instructions :

Approved/Rejected	<input type="text"/>	DATE	<input type="text"/>
PRINCIPAL	<input type="text"/>	SIGNATURE	<input type="text"/>