



Nizamia Islamic School

Forging Legacy, Inspiring Futures.

Fully accredited by Umalusi, Council for Quality Assurance in
General & Further Education & Training, www.umalusi.org.za

181 Masukwana Street,
Pietermaritzburg, KZN,
South Africa,
3201

P.O. BOX 600, LUXMI, 3207

T: +27 (0) 33 394 7193
F: +27 (0) 33 394 0067
E: info@nizamia.co.za
E: finance@nizamia.co.za

www.nizamia.co.za

Application for Admission

Grade:		Year:	
--------	--	-------	--

Document Checklist		
Document	Submitted	Office Use
Application for Admission		
Learner Admission Agreement		
Copy of Learner's Unabridged Birth Certificate		
Copy of Learner's Immunization Card		
Father: - Certified Copy of ID Document - Proof of Address - Three month's bank statement or three month's payslips		
Mother: - Certified Copy of ID Document - Proof of Address - Three month's bank statement or three month's payslips		
Copy of most recent report		
Proof of Address		
Financial Clearance Certificate from Previous School		

Section A: Learner's Details - General				
Surname:				
First Name:				
Date of Birth:				
Nationality:				
ID Number:				
Home Language:				
Religion:				
Address:				
Child Resides With:	FATHER	MOTHER	BOTH PARENTS	OTHER
Current School:				
Current Grade:				



Section B: Learner's Details – Health and Academic	
Does the learner have any disability which could result in his/her classification as disabled?	Yes / No If yes, please specify...
Has the learner been immunised against the following communicable diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B.	Yes / No *Please attach Clinic Card or Immunisation Record
Does the learner suffer from any medical condition and/or allergies that the school needs to be aware of?	Yes / No If yes, please specify...
Has the learner ever received or is currently receiving remedial education and/or therapy?	Yes / No If yes, please specify
Has the learner ever repeated a grade?	Yes / No If yes, please specify grades and years...
Is the learner covered by Medical Aid	Yes / No If yes, please specify
Medical Scheme Name:	
Membership Number:	
Main Member:	
Dependent Code:	
Family Doctor Details	Name: Contact Number:

Section C: Siblings Details		
Number of Siblings:		
Siblings currently or previously Nizamia Islamic School		
Name	Lastest Grade	Last Year Attended

Section D: Parents/Guardians Details**Details of Father**

Surname:				
First Name:				
ID Number:				
Tel No:				
Email:				
Residential Address:				
Marital Status:	SINGLE	MARRIED	DIVORCED	WIDOWED
Occupation:				
Employer:				
Work Tel:				
Work Address:				

Details of Mother

Surname:				
First Name:				
ID Number:				
Tel No:				
Email:				
Residential Address:				
Marital Status:	SINGLE	MARRIED	DIVORCED	WIDOWED
Occupation:				
Employer:				
Work Tel:				
Work Address:				

If parents are divorced, please complete the following:

Date of final divorce order: _____

Parent who has custody: FATHER / MOTHER

Parent with whom the learner resides: FATHER / MOTHER

Parent who has legal guardianship: FATHER / MOTHER

Are there restrictions on the access of the non-custodian parent to the child?

YES / NO

If YES, provide details (or attach documentation)

* In the case of a divorce, irrespective of the divorce agreement/court order, both parents will be held responsible for the fees and must, therefore, both sign the Application Form

Section E: Details of Guardian	
Only complete if learner lives with a guardian:	
Surname:	
First Name:	
ID Number:	
Tel No:	
Email:	
Residential Address:	
Occupation:	
Employer:	
Work Tel:	
Work Address:	



Agreement to Pay School Fees

Between

Nizamia Islamic School ("The School")

And

The parents/guardians of

Full Name and Surname of Learner
In Grade ____ for the year ____

Details of Father	
Surname:	
First Name:	
ID Number:	
Tel No:	
Email:	
Residential Address:	
Details of Mother	
Surname:	
First Name:	
ID Number:	
Tel No:	
Email:	
Residential Address:	
Details of Guardian	
Surname:	
First Name:	
ID Number:	
Tel No:	
Email:	
Residential Address:	

PREAMBLE

1. The school is an independent school as defined by Sections 45 and 46 read with Section 1 of the South African Schools Act 84 of 1996.
2. The School's Board of Directors meet annually to determine the school fees payable by parents of the School.
3. All relevant considerations are taken into account when the school fees are determined to ensure that the School can meet its obligations and to ensure that the highest level of education is afforded all children who attend the School.
4. The obligation to pay school fees is contractual and all parents must complete and return an agreement to pay school fees annually.

Financial Undertaking by Parents/Guardians

1. I/We, the undersigned, hereby acknowledge liability for the annual school fees and I/We undertake to pay the applicable fees as outlined below:

Description	Amount
Tuition	
Stationery	
???	

2. In addition to the applicable school fees, I/We undertake to make payment of all additional costs which may arise during the year. These costs relate to, but are not limited to, medical requirements, transport, excursions, books and any other costs that may arise during the course of the year. I/We undertake to make payment of these additional costs upon presentation of request of payment from the school.
3. I/We understand and agree that the total annual fees become liable on the 1st of January of each year, notwithstanding the date of signature hereof.
4. Notwithstanding 3 above, the school is prepared to accept payment of schools fees in installments subject to the completion and return of this agreement. I/We Undertake:

4.1. To pay the annual school fees punctually in accordance with this agreement;

4.2. To pay the school fees as follows:

Indicate your choice	Tick
A single payment of the full amount	
4 equal payments due on the first day of each term	
12 equal payments due on the first day of each month	

4.3. To make all payments into the schools bank account, as below:

Account Name: Nizamia Islamic School

Bank: First National Bank

Account Number: 55130035435

Universal Branch Code: 250655

Reference: Learner Account Number OR Learner Name and Surname

5. Should I/We require any concessions regarding the payment of fees, I/We shall present an application to the School Financial Assistance Committee for consideration. I understand that until such time that a concession or bursary is granted, I/We shall be liable to pay full fees in accordance with this agreement.

6. In the event that I/We fail to make payment on or before the due date, I/We understand and accept the full amount due to the school will immediately become due and payable and the school shall have the right to proceed against me/us for the full amount owing without further notice.
7. I/We understand and accept that in the event of non-payment of fees, the school, at its sole discretion, may exercise its right to terminate further services to the learner, deregister the learner, and ask the learner to leave the school.
8. I/We understand and accept that should I/We fail to make payments in accordance with this agreement, the school may institute legal action against me/us for collection of the total arrears amount due. Furthermore, I/We understand and accept that the I/we will be liable for the costs including collection, commission, tracing, legal and other costs related to the recovery of the arrears due.
9. I/We understand and accept that a statement signed by the principal or treasurer shall be prima facie proof of any amount outstanding in terms of this agreement.

General

Parents and/or guardians will be jointly and severally liable for the payment of school fees.

This agreement constitutes the entire agreement between the parties and no representations, terms, conditions or warranties not contained in this agreement shall be binding upon the parties.

No agreement varying, adding to, deleting from or cancelling this agreement shall be effective unless reduced to writing and signed by or on behalf of the parties.

No relaxation by a party of any such parties' rights in terms of this agreement shall prejudice it or be a waiver of his rights (unless it is a written waiver) and it shall be entitled to exercise its rights thereafter as if such relaxation had not taken place.

Dated at _____ on this _____ day of _____ 20____.

FATHER/GUARDIAN

School Principal/Treasurer

MOTHER/GUARDIAN