

ADMISSION FORM



مدرسة النور للمكفوفين

MADRASSA AN-NOOR FOR THE BLIND

Specialist Islamic Institute for the Visually Impaired

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OUR MISSION

To spread the light of the
Qur'aan and Sunnah to the Blind
and Visually Impaired across the world



**“Verily, it is not the eyes that grow
blind but it is the hearts which are in
the chests that grow blind”**

(Surah Al-Haj, Ayah no. 46)



**“The seeking of knowledge is
compulsory upon every Muslim.”**

(Hadith)

(A) PERSONAL DATA

1. First Name(s): _____

Middle Name(s): _____

Surname: _____

2. Date of Birth: _____ Age: _____

Identity Number: _____

Passport Number: _____

Date of Issue: _____ Date of Expiry: _____

3. Gender: _____ 4. Religion: _____

5. Nationality: _____

6. Preferred Language of communication: _____

Home Language: _____

7. Eye Condition: Blind Partially Sighted

Impairment: Temporary Permanent

8. Are you a registered Blind Person? Yes No

If Yes, please state your registration Number: _____

9. Educational Qualifications:

(i) Religious:

Last Madrassa attended: _____

Last grade completed and year: _____

(ii) Secular:

Last School attended: _____

Last grade completed and year: _____

(Please enclose a copy of your latest Madrassa and School report)

11. Address: Residential: _____

Postal: _____

12. Contact Details: Telephone: () _____

Fax: () _____

Mobile: _____

E-mail: _____

(B) PARTICULARS OF PARENTS

1. Full Name(s): Father: _____
Mother: _____
2. Passport / Identity Number: Father: _____
Mother: _____
3. Occupation: Father: _____ Mother: _____

**CONTACT IN CASE OF AN EMERGENCY
Relative / Friend (Next of Kin)**

1. Name: _____
Contact Details: _____
Relation: _____
2. Name: _____
Contact Details: _____
Relation: _____

(C) PARTICULARS OF FEES

Fees: Fees are R_____ per month payable by the 1st of each month.

⇒ I am able to pay the full fee of R_____

Signature: _____

⇒ I am unable to contribute towards the full fees and would like to request for a Bursary.

Signature: _____

BURSARY APPLICATION:

(i) STUDENT

I, _____ hereby authorise the Principal of Madrassa An-Noor for the Blind to be my Shar'ee Wakeel and pay for Madrassa fees, books, audio aids, equipment, etc during my stay at the Madrassa.

Signature of Student: _____

Date: _____

Witnesses:

1) Name: _____ Signature: _____

2) Name: _____ Signature: _____

(ii) PARENT / GUARDIAN

I, _____ hereby authorise the Principal of
Madrassa An-Noor for the Blind to act as Shar'ee Wakeel on behalf of

_____ (Name of Student)
and pay for his/her Madrassa books, audio aids, equipment, etc. during his/her
stay at the Madrassa.

Signature of Parent / Guardian: _____

Date: _____

Witnesses:

1) Name: _____

Signature: _____

2) Name: _____

Signature: _____

(D) DECLARATION

(i) STUDENT

I hereby certify that to the best of my knowledge and beliefs the information stated herein is true and correct. I promise sincerely that I will at all times stay with Islamic Brotherhood, good character and kindness with my teachers, officials, staff and fellow students. I will act according to the rules and regulations of the Madrassa and spend my time in Islamic educational activities.

I undertake to refrain from all anti-Islamic ways, dressing, practices and all those acts which are inconsistent with the norms and values of the Madrassa.

I also undertake to abide by the Induction Booklet of the Madrassa which I have read and understood.

Signature: _____

Date: _____

(ii) PARENT / GUARDIAN

I _____ (full name), the Parent / Legal Guardian of
_____ hereby warrant that the information given herein is
true and correct.

I acknowledge that the Induction Booklet which I have read and understood binds my child / ward.

Signature: _____

Date: _____

Witnesses:

1) Name: _____

Signature: _____

2) Name: _____

Signature: _____

(E) DECLARATION BY PARENT / GUARDIAN FOR A MINOR

I _____ (full name) declare that the information supplied in this application is true and correct and that full details have been furnished.

Signature of Parent / Guardian: _____

Date: _____

(F) CONSENT AND INDEMNITY

I, _____ (full name)

of _____ (address)

the Parent / Guardian of _____ (name of child / ward)

acknowledge that my child's / ward's attendance at Madrassa An-Noor for the Blind;

1) Shall be entirely at my own risk and neither Madrassa An-Noor for the Blind, its officials, teachers or staff shall be held liable in respect of any injury, loss, damage which my child / ward may suffer from or any other cause arising from my child's / ward's attendance at the abovementioned institution, bearing in mind that the officials, teachers and staff will nevertheless take all reasonable precautions for my child's / ward's safety and well being.

2) My legal guardian and I indemnify, jointly and severally, Madrassa An-Noor for the Blind, its officials, teachers or staff against any claims which may be made against them by any third party arising out of the death or bodily injury from any cause arising from my child's / ward's attendance at the abovementioned institute, bearing in mind that the officials, teachers and staff will nevertheless take all reasonable precautions for my child's / ward's safety and well being.

Signature of Parent / Guardian: _____

Signed at: _____

this _____ day of _____ 20____.

Witnesses:

1) Name: _____ Signature: _____

2) Name: _____ Signature: _____

RECOMMENDATION: (For First Time Students Only)

I _____ (name) recommend

_____ (name of student) to be a suitable student of admission to Madrassa An-Noor for the Blind.

Signature: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Designation: _____ (Aalim, Imaam, Principal, etc.)

