ADMISSION FORM

مدرسة النور للمكفوفين

MADRASSA AN-NOOR FOR THE BLIND
Specialist Islamic Institute for the Visually Impaired

Plot 3 Cedara Road • Cedara • KZN • South Africa • 3245
P. O. Box 4444 • Willowton • Pietermaritzburg • KZN • South Africa • 3200
Tel: +27 33 343 3301 • Fax: +27 33 343 3302 • Fax2Email: +27 86 212 4900
info@mnblind.org • braille@mnblind.org

www.mnblind.org

EST. 1986 / 1406 • NPO No: 067-749 • PBO No: 010022378
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: _______________


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.)
(Attach Photograph of Yourself)

FOR OFFICIAL USE ONLY

Remarks:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: _____________________

Date: _____________________