

Benoni Muslim School



Chat Street, Mackenzie Park,
Benoni, 1500
P.O. Box 1786, Benoni, 1500



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Association of Muslim Schools

REG.NO. 312091
(Incorporated Association not for gain)

ADMISSION FORM

(Complete in **BLOCK LETTERS** and in **BLACK INK**)

Admission No.

Account No.

Admission for Grade: _____ Year: _____

SECTION A: LEARNER INFORMATION

SURNAME				We require a copy of the following documents :
FIRST NAME/S				
BIRTH DATE DD/MM/YY	____ / ____ / ____			Learner's ID./Unabridged Birth Certificate <input type="checkbox"/>
TEL. NO				Learner's Health / Clinic Card <input type="checkbox"/>
PREVIOUS SCHOOL				Fathers' ID <input type="checkbox"/>
SEX	MALE		FEMALE	Mothers' ID <input type="checkbox"/>
HOME LANGUAGE				Transfer Card (2-12) <input type="checkbox"/>
NATIONALITY				Last Report (R-12) School and Madressa <input type="checkbox"/>
IDENTITY NUMBER (if applicable)				Proof of Residence <input type="checkbox"/>
SPECIAL NEEDS (Weak eyesight, hearing, etc)				Character Reference (4-12) <input type="checkbox"/>
ALLERGIES (Specify)				Age Requirements (RR-1)
MEDICATION				Grade RR Learner must turn 5 by 30 th June in the year. <input type="checkbox"/>
MEDICAL AID NO				Grade R Learner must turn 6 by 30 th June in the year. <input type="checkbox"/>
DOCTOR'S NAME				Grade 1 Learner must turn 7 by 30 th June in the year <input type="checkbox"/>
TEL NO (Doctor)				Registration Fee (R500) <input type="checkbox"/>
				Proof of Zakaat Verification (If Applicable) <input type="checkbox"/>

SECTION B : PARENT INFORMATION

FATHER:

Surname _____

Name _____

ID Number _____

Occupation _____

Company _____

Work Tel No _____

Home Tel No _____

Cell _____

Email _____

ADDRESS:

Code: _____

Marital Status: Married Divorced Guardian

Alternative (eg.cell) _____

Existing account number if there are siblings attending BMS _____

Outstanding balance at the date of application _____

MOTHER:

Surname _____

Name _____

ID Number _____

Occupation _____

Company _____

Work Tel No _____

Home Tel No _____

Cell _____

Email _____

ADDRESS: (If different)

Code: _____

SECTION C: EMERGENCY CONTACT PERSONS: (Alternative Numbers)

Name _____

Relationship _____

Tel.no. _____

Cell _____

Name _____

Relationship _____

Tel.no. _____

Cell _____

FOR OFFICE USE:

Number of siblings presently in this school: _____

Registration Fee Paid: YES NO

Receipt Number _____

Assessment Test Completed: YES NO

Application Approved by SAT: YES NO

Signature SAT: _____

Application Approved by BOG: YES NO

Signature BOG: _____

Date of Application: _____

Signature Principal : _____

INDEMNITY FORM

I/We, the undersigned parent/guardian of the learner _____ hereby absolve **BENONI MUSLIM SCHOOL**, and/or any person employed by the school, and/or any duly authorised person on behalf of the said school from any liability for any loss of property and/or damage sustained by reason of injury to the said learner's property from the time he/she enrolls as a learner of the above school until his/her last day at this school.

I/We, the undersigned parents/guardian, however, reserve my legal rights in the event of gross negligence.

I/We hereby designate the Principal and/or staff as well as the Supervisor of any school tour, excursion, social outing or sporting activity or anyone appointed by him/her to act "in loco parentis" on my behalf.

SIGNATURE : _____

PRINT NAME : _____

DATE : _____

CAPACITY: _____

EXTRA - MURAL ACTIVITIES

I/We object/have no objection to my child's/ward's reasonable participation in the extra-mural activities of the school.

SIGNATURE : _____

PRINT NAME : _____

DATE : _____

CAPACITY: _____

Remarks:

CONDITIONS OF ACCEPTANCE

I/We, the undersigned, certify that the above particulars are true and correct and that I/we agree to abide by the rules and regulations of the School.

I/We have read and understood the School Code of Conduct and agree and abide by it.

FEES PAYMENT TERMS

1. You are responsible for the fees of your child/ward for the month the child is in school. If the child leaves at any point in a month, you are responsible for the fees for the entire month and also all previous arrear amounts.
2. In the event of any one payment not being made on the due date, any arrangement for previous arrears fall away and all arrear amounts become due and payable immediately.
3. The parties to this application, undertake to pay all legal costs, including attorney/client fees incurred by the school in the event of the school having to take legal action for the recovery of school fees.
4. The school may conduct an enquiry and/or information search about the parents with a credit information bureau, persons acting as their agents and/or credit grantors.
5. If Parent/s fail to meet their school fee obligations the school may record the Parent/s non-performance with a credit information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
6. Parents seeking financial relief/exemption from fees must produce a Letter of Confirmation from an accredited Institution verifying their status as a Zakaat Recipient. This letter must be renewed each year.
7. Protection of Personal Information Act (POPI)
 - I/We consent that the School collect, store and update personal information of me/us and the student.
 - I/We consent that the School may provide the information to an authorised representative for a lawful purpose only.
 - I/We give consent that the information provided be confirmed and updated where necessary by the School or the Schools authorised representative.

I/We hereby confirm that I/we am/are financially stable and can afford to pay the school fees.

I/We am/are solely/jointly responsible for payment of school fees and understand that failure to pay fees may result in my/our child/ward being referred to a more affordable school.

Delete if not applicable:

I/We _____/_____ further undertake to pay the monthly school fees as determined by the school's Governing Body, before or on the 7TH day of each calendar month. In the event of any default the school, at its discretion can take any further action against me.

I/We _____/_____ are bona fide recipients of Zakaat and authorise the School or its appointed representative to solicit donations on my behalf and allocate such funds in my best interest.

A Registration Fee of R500 is payable when handing in the Admission Form. A receipt will be issued.

(NOTE : R250 is non-refundable if parent withdraws the application after the admission is processed).

SIGNATURE

NAME

CAPACITY

DATE

SIGNATURE

NAME

CAPACITY

DATE

Benoni Muslim School

2024 FEES SCHEDULE

<u>GRADE</u>	<u>PER MONTH OVER 11 MONTHS</u>	<u>PER ANNUM</u>
R - RR	R1 670.00	R18 370.00
1 - 3	R2 300.00	R25 300.00
4 - 9	R2 590.00	R28 490.00
10 - 12	R3 050.00	R33 550.00
HIFZ PART TIME	R725.00	R7 975.00
HIFZ FULL TIME	R 1 275.00	R14 025.00
<i>NO INCREASE IN HIFZ FEES FOR 2024</i>		
<u>BOOK FEES</u>		<u>ONCE OFF PAYMENT PER ANNUM</u>
RR - R		R1 000.00
1 - 3		R1 200.00
4 - 9		R1 500.00
10 - 12		R1 600.00
SMS WEB	R200.00 PER ANNUM	PER CELL NUMBER

ADVANCE ANNUAL PAYMENT OF SCHOOL FEES BEFORE 31st JANUARY 2024

WILL QUALIFY FOR 2.5% DISCOUNT. EXCLUDES BOOK FEES.

All fees are calculated over an 11 month period – January to November.

This excludes book fees.

Every year parents must complete and sign a Re-Registration & Fees Form.

METHOD OF PAYMENT

Please indicate your preferred method of payment. **PLEASE TICK**

1. ANNUAL

(Less 2.5% Discount on **School Fees** if paid fully before 31ST January 2023)
(Excludes **Book Fees**)

2. MONTHLY

2.1 Debit Order

2.2 EFT

BANKING DETAILS

Account Name: Benoni Muslim School

Bank: FNB

Account Number: 550 211 392 39

Branch Code: 252 142

- **KINDLY PAY VIA EFT OR DEBIT ORDER**
- **PLEASE USE THE LEARNERS ACCOUNT NUMBER AS YOUR REFERENCE**
- **ANNUAL PAYMENTS TO BE PAID IN ADVANCE**

LEARNER MEDICAL QUESTIONNAIRE / 202__

LEARNER PERSONAL DETAILS

NAME:	GENDER:
SURNAME:	GRADE:
DATE OF BIRTH:	AGE:

CONTACT DETAILS

MOTHER: (C)	(W)	(H)
FATHER: (C)	(W)	(H)
GUARDIAN (C)	(W)	(H)

GENERAL PRACTITIONER/SPECIALIST

NAME:	CELL:
TELEPHONE NO:	

MEDICAL AID DETAILS: (will only be used with permission in case of an emergency)

MEDICAL AID: YES / NO	NAME OF MEDICAL AID:
MEDICAL AID NUMBER:	

MEDICAL HISTORY

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS?

(If yes please give full history and details of treatment):

1.) ALLERGIES TO FOOD/MEDICATION/BEES (If yes, does your child carry an Epipen?)

2.) ASTHMA (If yes, what does your child use and carry?)

3.) DIABETES (If yes, is your child on insulin? If so, what insulin)

4.) EPILEPSY (If yes, what medication is he\she taking?)

5.) BLEEDING ABNORMALITIES

6.) ANY OTHER MEDICAL CONDITIONS (Please list, including treatment)

7) VISUAL AND HEARING IMPAIRMENT

IN CASE OF EMERGENCY KINDLY CONTACT THE FOLLOWING PERSON:

NAME:
RELATIONSHIP TO LEARNER:
CONTACT DETAILS:
ALTERNATIVE PERSON:
RELATIONSHIP TO LEARNER:
CONTACT DETAILS:

PARENT SURNAME /NAME

SIGNATURE

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Tel No: (011) 421-6014
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Association of Muslim Schools

LEARNER CONTRACT

(To be signed by all new learners admitted to the school)

I, _____, Learner in Grade _____ at the above school agree to:

- Be on time for school and for each of my lessons and to attend school every day.
- Behave well in lessons and not disturb other pupils, keeping the school rules.
- Behave properly at break and lunch times and after school while still on school premises.
- Always be polite and respectful to staff, visitors and other pupils, treating them as I like to be treated.
- Obey all instructions given by staff, in lessons and around the school.
- Wear full school uniform, as set out in the uniform requirements, and to wear only the permitted jewellery, and to bring a suitable bag for my books.
- Accept that no make-up is to be worn.
- Use my school diary to record all homework, targets, etc, to get it signed by my parent / guardian each week and to keep it grafitti-free.
- Respect property belonging to the school, staff and other pupils and to take care of my own, understanding that the school can take no responsibility for expensive items brought onto the premises or on trips.
- Keep the rules for safe IT use, which include not accessing banned or inappropriate websites, sending messages via SMS or other live messaging systems using the school's system, and logging in using someone else's log-in details.
- Not to make or post images or video of school staff, students, images of BMS or the name of BMS on any internet or other site without prior written consent from the principal.
- Not bring any dangerous items into school - this includes cigarettes & matches / lighters, alcohol, illegal substances (drugs), offensive items / literature, or anything which is, or could be used as, a weapon.
- Do my part to keep the good name of the school in the community.
- Note that any application for entry into the FET Phase is dependent on high standards of behaviour, attendance and progress during my previous years in school.
- Not to drop litter in school, in the playground or on the fields.
- Hand in to the office my mobile phone on a daily basis (only if permission has been granted by the principal).

I, _____ parent/ guardian agree:

- To ensure that my child complies with this contract.
- To support the school in educating my child and helping him or her to obey the school rules.
- To ensure that I do not allow my child to miss any time from school unless for ill-health.
- To re-imburse the school for any damage caused by my child
- That any item of value brought into school by my child is at my own risk.

The school agrees:

- To provide a full programme of lessons to promote learning to the highest standards.
- To offer extra support and counselling sessions through the school pastoral system.
- To keep parents informed of pupils' progress through the school diary, school reports and the annual pupil report.

NOTE:

The learner is on probation for a period of six months.

1. The school reserves the right to terminate this contract and deregister your learner if he/she is found in breach of the contract or does not perform academically at the school.

Signature of Learner: _____

DATE: _____

Signature of Parent: _____

DATE: _____