

Benoni Muslim School



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



Tel No: (011) 421-6014
Fax No: (011) 421-4729
E-mail: admin@benonimuslmschool.co.za
Website: www.benonimuslmschool.co.za



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

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
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SIGNATURE	NAME	CAPACITY	DATE
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Benoni Muslim School

2025 FEES SCHEDULE

<u>GRADE</u>	<u>PER MONTH OVER 11 MONTHS</u>	<u>PER ANNUM</u>
R - RR	R1 900.00	R20 900.00
1 - 3	R2 600.00	R28 600.00
4 - 9	R2 950.00	R32 450.00
10 - 12	R3 450.00	R37 950.00
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 2025</i>		
<u>BOOK FEES</u> NO INCREASE FOR 2025		<u>ONCE OFF PAYMENT</u> <u>PER ANNUM</u> NO INCREASE FOR 2025
RR - R		R1 000.00
1 - 3		R1 200.00
4 - 9		R1 500.00
10 - 12		R1 600.00

ADVANCE ANNUAL PAYMENT OF SCHOOL FEES BEFORE 31st JANUARY 2025

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 2025)
(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/BEEES (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