

Date received : \_\_\_\_\_  
 Received by : \_\_\_\_\_  
 Application Number: \_\_\_\_\_  
 Receipt Number \_\_\_\_\_  
 Reg Fee: \_\_\_\_\_  
 Endowment Fee: \_\_\_\_\_  
 Deposit: \_\_\_\_\_



# APPLICATION FORM

Name & Surname of Learner	
Grade Applied For	
Year	
LURITS Number	
Term Starting Date	

FOR OFFICE USE ONLY	PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION FORM:	WHERE DID YOU HEAR ABOUT AL - FALAAH COLLEGE?			
	1. Copies of the applicants 3 most recent term reports.	Family / Sibling / Friend		Advertising	
	2. A recent passport size photograph.	Local Area		Website	
	3. A copy of the applicants ID or Birth Certificate.	Reputation		Open Day	
	4. Copies of both Parents/Guardians IDs.	Internal Referral		Other	
	5. A non-refundable Application Fee of R500 to be paid with this Application form.				
	6. Foreign Nationals: Work/Study Permit + copy of passport				
	7. An endowment fee of R1000 to be paid upon acceptance.				
	8. A deposit of R2000 to be paid upon acceptance				
	9. Immunisation Card				

**LEARNING FOR LIFE AND BEYOND.**

# APPLICATION FORM

## Family/Parent/Pupil

ATTACH ID  
PHOTOGRAPH  
OF APPLICANT

### PUPIL INFORMATION

Surname

First Name(s)

Gender  MALE  FEMALE

ID No. or Passport No.

Date of Birth

Immigrant  YES  NO IF YES, PLEASE SUPPLY SUPPORTING DOCUMENTS

Nationality (Immigrant only)

Immigration Status  VISITING  BUSINESS  STUDY  WORK  OTHER

Date of Entry into SA (Immigrant only)

Visa Expiry Date (Immigrant only)

Home Language

Race Classification  AFRICAN  COLOURED  INDIAN  OTHER

Mobile Number to receive SMS from school

Emails for correspondences

### MEDICAL DETAILS

Health Condition

Medication

Disabilities

Medical Aid Name

Medical Aid Number

Medical Aid Telephone

Principal member blood type

Doctor's Name

Telephone (Rooms)

(Cell)

### SPECIAL NEEDS OF LEARNER

Please indicate any special medical attention required for the learner:

chronic allergies  asthma  use of wheelchair  glasses  hearing aid  FM system

attention deficit disorder  autistic spectrum disorder  epilepsy  bipolar

cerebral palsy  physical disability / emotional instability  other \_\_\_\_\_

any other relevant medical information \_\_\_\_\_

Has the learner had any professional intervention / assessment done? Y  N

### APPLICATION FOR GRADE

Application for year  Term  Starting Date

Current School  Current Grade

### PREVIOUS SCHOOLS ATTENDED

Year	School	Grade

### SIBLINGS AT AL - FALAAH

NAME	GRADE

Please indicate whether you have made another sibling application Y  N

# APPLICATION FORM

## Family/Parent/Pupil

### PARENT INFORMATION

#### Parent 1 (Relationship)

	<input type="checkbox"/> Biological <input type="checkbox"/> Stepfather/Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____
Surname	<input type="text"/>
First Name	<input type="text"/>
Title	<input type="text"/>
ID Number	<input type="text"/>
Telephone (Home)	<input type="text"/>
(Work)	<input type="text"/>
(Cell)	<input type="text"/>
Email Address	<input type="text"/>
Marital Status	<input type="checkbox"/> First Marriage <input type="checkbox"/> Second Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single Parent
Occupation	<input type="text"/>

#### Parent 2 (Relationship)

	<input type="checkbox"/> Biological <input type="checkbox"/> Stepfather/Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____
Surname	<input type="text"/>
First Name	<input type="text"/>
Title	<input type="text"/>
ID Number	<input type="text"/>
Telephone (Home)	<input type="text"/>
(Work)	<input type="text"/>
(Cell)	<input type="text"/>
Email Address	<input type="text"/>
Marital Status	<input type="checkbox"/> First Marriage <input type="checkbox"/> Second Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single Parent
Occupation	<input type="text"/>

### ADDRESS INFORMATION

Residential Address (Of Parent 1 or Parent 2 if Different)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postal Address	<input type="text"/>
	<input type="text"/>
Postal Code	<input type="text"/>
	<input type="text"/>
Do you have a MySchool Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Makro Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, please fill in a form obtained from the main reception office

### EMERGENCY CONTACT

<b>1.</b>	<b>2.</b>
Surname: <input type="text"/>	Surname: <input type="text"/>
First Name: <input type="text"/>	First Name: <input type="text"/>
Relationship: <input type="text"/>	Relationship: <input type="text"/>
Telephone: (Home): <input type="text"/>	Telephone: (Home): <input type="text"/>
(Cell): <input type="text"/>	(Cell): <input type="text"/>
Email address: <input type="text"/>	Email address: <input type="text"/>

# APPLICATION FORM

## Family/Parent/Pupil

### DECLARATION AND UNDERTAKING BY PARENT(S) / GUARDIANS(S):

1. I/We declare that the particulars given on this application form are true and correct, and understand that Al-Falaah reserves the right to cancel my child's application should I provide false information.
2. I understand and accept that the school's receipt of this application does not guarantee that my child will be accepted into the school.
3. If this application is successful then an endowment fee of R1000 is payable within 7 days in order to secure the application.
4. I/We acknowledge that the Board of Governors has the right to adjust the school fees and the method of payment thereof
5. I/We acknowledge that should I/we fail to pay outstanding amounts to Al-Falaah College on the due date. The school reserves the right to take necessary actions to obtain the fees.  
\*Parent will be obligated to pay legal costs incurred to Al-Falaah College in respect of any action instituted to recover the fees.
6. I/We hereby consent to my/our employer/s divulging my/our employment history and details to the school if and when required
7. I/We acknowledge that I/we will be obligated to give Al-Falaah College at least one term in advance written notice of my/our intention to remove my/our child from the school and that should I/we fail to do so, I/we will be obligated to pay school fees for one term, in lieu of the notice period.

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Name (in block letters)

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Signature of Parent/Guardian

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Date

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Name (in block letters)

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Signature of Parent/Guardian

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Date

**FOR OFFICE USE ONLY**  
**ADMISSION TRACKING FORM**

	<b>TICK</b>	<b>REMARKS:</b>
Completed application Form		Hard Copy
Entrance Test Scheduled and Written		Telephone
Entrance Test Marked and Status Confirmed		Telephone
Admissions Interview		Telephone/Email
Registration Fee – R 500		Cash / EFT
Endowment Fee – R 1000		Cash/ EFT
Deposit Fee – R2000		Cash/EFT
Other:		

Board Approval:

Yes : \_\_\_\_\_

No : \_\_\_\_\_

Signature: \_\_\_\_\_

- Full Fee
- Subsidy/Bursary
- Scholarship
- Zakaah

%

<b>For Office Use:</b>

**CONTACT DETAILS**

99 Lotus Road, Springfield, 4091  
P. O. Box 70895

**Reception**                    031 208 7652  
**Primary School Fax**        031 208 7680  
**Primary School Email**    ps@alfalaah.org.za  
**High School Fax**            031 208 7680  
**High School Email**        hs@alfalaah.org.za  
**Website**                        www.alfalaah.org.za