



## MY SCHOOL ISLAMIC EDUCARE CENTRE

84 Rebecca Street, Florida, Roodepoort, 1709  
 011 472 6713 082 923 4483 myschool.iec@gmail.com

### APPLICATION FORM

Print this form, complete all details and return original form to My School Islamic Educare

Please attach the following forms to this application form.

Please note that your application will be unsuccessful if you do not provide all relevant documents and COMPLETE the following application form.

FOR OFFICE USE ONLY	Child's birth certificate	
	Clinic Card	
	Mother ID	
	Father ID	
	Proof of Residence	

CHILD'S DETAILS	
FULL NAME & SURNAME	
GENDER	
DATE OF BIRTH	
HOME LANGUAGE	
With Whom does the child reside?	

PARENT'S DETAILS		
	MOTHER	FATHER
FULL NAME		
IDENTITY NUMBER		
OCCUPATION		
MARITAL STATUS		
TEL NO. (H)		
TEL NO. (W)		
CELLULAR		
FAX		
EMAIL		
HOME ADDRESS		

**PERSON RESPONSIBLE FOR ACCOUNT**

FULL NAME	
ID NUMBER	
TEL NO. (H)	
TEL NO. (W)	
CELLULAR	
FAX	
EMAIL	
POSTAL ADDRESS	

**AGREEMENT TO EDUCARE FEES**

We/I \_\_\_\_\_, the parent(s) of \_\_\_\_\_ hereby undertake to pay the Educare fee and other as stipulated on my/our invoices monthly in advance BEFORE the 3<sup>rd</sup> of each month.

We/I take note of the penalty fee for late payments which will be added to my account.

We/I take note that any late collections of my child, whether by us, a family member or by an appointed transportation service will result in a penalty of R25 per hour or part thereof. Half day ends at 13h00 and full day 17h55.

We/I acknowledge that compulsory monthly activities will be charged to my account. This will be a minimal fee ranging from R10 – R100. We/ I also acknowledge that an annual fee of R150 for my child's birthday will be charged to my account.

We /I acknowledge that a months notice must be given if we wish to withdraw our/my child – except during the last term, when a full terms notice must be given.

We/I agree to adhere to the Rules and Regulations of 'My School'.

If your account is more than 30 days in arrears and you have not made arrangements with My School to pay your account, My School has the option of using legal means to secure payment.

If such legal action is necessary, you will be liable to cover the recovery costs thereof.

We/I acknowledge that My School Islamic Educare reserves the right to change the Rules and Regulations after notice. My School will provide timely notice thereof.

_____	_____	_____
Capacity	Signature	Date
_____	_____	_____
Capacity	Signature	Date

MEDICAL INFORMATION OF CHILD			
Family Doctor/ Paediatrician		Contact no.	
Medical Aid Name & Scheme:		Medical Aid no.:	
<b>EMERGENCY INFORMATION</b>			
Who to call in case of an emergency? (other than parents)			
Name:			
Relation to Child			
Contact details			
<b>MEDICAL HISTORY</b>			
<b>BIRTH AND INFANCY</b>			
Delivery (Normal/Ceasarian)		APGAR	/10
Birth Weight	Kg	Neonatal Care	Yes No
<b>FAMILY BACKGROUND</b>			
Number of children in family:			
Any medical conditions in family (Asthma, Angina Heart, Deafness, etc.)			
Any learning difficulties in the family (dyslexia, ADHD)			
Contagious Diseases that he/she already had (Tick where appropriate and indicate corresponding date)	Measles	Date of illness:	
	Chicken Pox		
	Polio		
	Mumps		
	Whooping Cough		
	Tuberculosis		
	Diphtheria		
	Tetanus		
Allergies:		Medication for allergies:	
Any other health concerns?		Medication:	
Any operations or accidents?			
Present Health Condition	Good:	Average:	Poor:
Any physical abnormalities			
Has your child's hearing and vision been tested?	If yes, when?	By who?	Outcome?
Any previous evaluations? (speech therapy, occupational therapy, educational psychology, neurology)			

**CONSENT for Medical Treatment:**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ (full name and surname) cede my powers as parent/guardian to the Principal of My School Islamic Educare Centre, or her representative should emergency medical treatment be required for my child. As far as I know he/she is in a good state of health.

I accept that all reasonable precautions will be taken for the safety and wellbeing of my child and that I will be held responsible for paying any medical and / or hospitable accounts where applicable.

I do, however request the responsible persons to note the following: (Any particulars in connection with your child's state of health: allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**INDEMNITY FORM**

**IMPORTANT:**

Who will bring your child to school in the morning? \_\_\_\_\_

Who will fetch your child in the afternoon? \_\_\_\_\_

We the undersigned, parents/guardians of \_\_\_\_\_ (full name of child) herewith indemnify the Principle against any incidents of accidents, which might occur while said child is in care of My School Islamic Educare Centre.

\_\_\_\_\_  
Signature of Parent 1

\_\_\_\_\_  
Signature of Parent 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE NOTE SIGNATURES OF BOTH PARENTS ARE REQUIRED, even in the event of a divorce.**

**Shukran for completing this form. Your co-operation is much appreciated.**

**To complete your application and registration, please send a sms/ whatsapp to 082 923 4483 with:**

**Your child's name and age;**

**And your name**