



2019 STUDENT REGISTRATION FORM

MADRASSAH CAMPUS (MARK "X" AGAINST ONE OPTION ONLY)		
<input type="checkbox"/> MONDAY & TUESDAY	<input type="checkbox"/> WEDNESDAY & THURSDAY	<input type="checkbox"/> SATURDAY
LEARNER INFORMATION		
FIRST NAME		
SURNAME		
DATE OF BIRTH		
"DAY" SCHOOL ATTENDED		
HOME ADDRESS		
MEDICAL CONDITIONS** (IF LEARNER HAS A MEDICAL CONDITION, PLEASE INCLUDE RELEVANT SYMPTOMS/TREATMENT)		
BARRIERS TO LEARNING (E.G. ADHD)**		
PARENT/GUARDIAN INFORMATION		
FIRST NAME		
SURNAME		
ADDRESS (IF DIFFERENT FROM ABOVE)		
PRIMARY CONTACT NUMBER (PREFERABLY CELL NUMBER)		
E-MAIL ADDRESS (ES) OF PARENTS/GUARDIANS		
ALTERNATIVE CONTACT PERSON: FULL NAME		
ALTERNATIVE CONTACT PERSON: CONTACT NO.		

I, _____, parent/guardian of the learner referred to in the form above has read and familiarised myself with the **ILM Code of Conduct** and the details contained therein. I also agree to pay annual school fees of R 1920 (Weekday), or R 2160 (Saturday)* or other R _____ **(as agreed between parent/guardian and ILM Official)**

Signed in _____ on this day of (date) _____ of (month) _____ 201__

_____ Parent /Guardian

An additional (once-off) fee of R50 per student will be charged for our ILM (homework)booklet. Speak to Mr Rashaad Benting for more information