



2020 STUDENT REGISTRATION FORM

MADRASSAH CAMPUS (MARK "X" AGAINST ONE OPTION ONLY)	
<input type="checkbox"/> KENSINGTON	<input type="checkbox"/> DISTRICT 6: WED & THURS
<input type="checkbox"/> DISTRICT 6: SATURDAY	
LEARNER INFORMATION	
FULL NAME	
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) **	
ACCOUNT HOLDER (i.e. who is responsible for madrasah fees)	
FULL NAME	
CONTACT NUMBER	
EMAIL ADDRESS	
PARENT/GUARDIAN INFORMATION	
FULL NAME	
ADDRESS (IF DIFFERENT FROM ABOVE)	
CONTACT NUMBER (PREFERABLY CELL NUMBER) (TO BE USED FOR WHATSAPP)	
E-MAIL ADDRESS (ES) OF PARENTS/GUARDIANS	

I, _____, parent/guardian of the learner referred to above has read and familiarised myself with the **ILM Code of Conduct** and the details contained therein. I agree to pay annual school fees of R2 040(Weekday), or R2220 (Saturday) or an amount **as agreed between parent/guardian and ILM.** R _____.

Signed in _____ on this day of (date) _____ of (month) _____ 202__

_____ **Parent /Guardian Signature**