MARLBORO ISLAMIC PRE SCHOOL
Ashraful Uloom Marlboro
www.marlboropreschool.org

2027 DRAFT

2027 Registration form

Blank review copy for 2027 admissions. Do not enter or submit personal information until the school approves this form and confirms a secure submission route.

Child details

Child first name

Child last name

Preferred name

Grade or class

Date of birth

Gender

Birth certificate number

Registration date

Child residential address

Source requirement: provide a copy of the child's birth certificate to complete registration. The school must approve how it will be collected and stored.

Child medical information

Existing conditions medication and special attention

Allergies

Paediatrician name

Paediatrician telephone

Paediatrician address

Medical aid name

Medical aid number

All vaccinations received yes or no

Parent or guardian 1

Mother or guardian. Fields from the original registration form have been retained for review; confirm which are necessary before issue.

Parent 1 first name

Parent 1 last name

Parent 1 identity number

Parent 1 residential address

Parent 1 occupation

Parent 1 employer

Parent 1 work address

Parent 1 work hours

Parent 1 home telephone

Parent 1 office telephone

Parent 1 mobile telephone

Parent 1 email

☐ Custodial parent (if married, mark both parents)

Parent 1 marital status

Source options: married, single, divorced, separated, widowed or other.

Parent or guardian 2

Father or guardian. Fields from the original registration form have been retained for review; confirm which are necessary before issue.

Parent 2 first name

Parent 2 last name

Parent 2 identity number

Parent 2 residential address

Parent 2 occupation

Parent 2 employer

Parent 2 work address

Parent 2 work hours

Parent 2 home telephone

Parent 2 office telephone

Parent 2 mobile telephone

Parent 2 email

☐ Custodial parent (if married, mark both parents)

Parent 2 marital status

Source options: married, single, divorced, separated, widowed or other.

Contacts and payment information

Blank review copy. The school must confirm authorised collection procedures and the payment arrangement for 2027.

Emergency and authorised pickup contacts

Contact 1 full name

Contact 1 telephone

Contact 1 relationship to child

☐ Contact 1 may collect all children in the family

Contact 1 may not collect these children

Contact 2 full name

Contact 2 telephone

Contact 2 relationship to child

☐ Contact 2 may collect all children in the family

Contact 2 may not collect these children

The original form included a four-digit collection PIN. It is withheld from this general-purpose form pending approval of a secure collection process; the school should not request an existing account password or PIN here.

Tuition and additional information

Approved 2027 tuition amount

Payment frequency monthly or other

Person responsible for fees and any split payment arrangement

Other information useful to management and teachers

Parent signature after final approval

Date signed after final approval