Darul Islam Islamic High School – Voice of the Cape

15 day Batcha Programme

APPLICATION FORM

OFFICE USE

Admission number:

Personal particulars:

Surname : …………………………………………………………………

Name/ s : …………………………………………………………………..

Address : ………………………………………………………………….

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Contact Number/s: …………………………………………………………………………..

E-mail address : …………………………………………………………………………...

Date of birth : ……………………………………………………………………….

Sex : Male Female

Denomination : ……………………………………………………………………….

Name of School: …………………………………………………………………………

Grade (8; 9; …or 12): ………………………………………………………………….

Tertiary Institute: ……………………………………………………………………….

Course of study: ………………………………………………………………………….

Duration of course: .................................... Year of study: ....................................

How well can you read/ write the Arabic language?

Good Average No at all

E-mail applications to: [daizaf@telkomsa.net](mailto:daizaf@telkomsa.net) or Fax to: 021 637 7700