



مدرسة اشرف العلوم *Madrasah Ashraful Uloom*

7th June 2020
14-Shawaal-1441

Respected Parents and Guardians

As SalaamuAlaikum Warahmatullahi Wabarakatuh

Alhamdulillah the Madrasah has been given clearance to commence classes.

All students should bring a scarf with which is commonly used in Saudi Arabia. Kindly refrain from bringing red scarves.

Our rules with regards to CELL PHONES BEING BANNED WILL BE STRICTLY ENFORCED. ANY STUDENT CAUGHT WITH A CELL PHONE WILL BE IMMEDIATELY EXPELLED.
WE CANNOT ALLOW ANY STUDENT TO PLACE AT RISK THE ENTIRE MADRASAH.

Students will be in separate cubicles etc. Because of this it will be much more difficult to control them, especially sleeping time. Parents are respectfully requested to assist us by ensuring that no cell phones are brought.

Boarding arrangements has been rearranged accordingly.

Students are encouraged to bring Honey and Vitamin C etc and whatever is used during winter months.

Remember when your son leaves home, he sets out in the Path of Allah. He sets out to learn the Deen of Allah. In the Eyes of Allah, he is the Noblest of the Creation.

Did Nabi Sallallahu Alayhi Wasallam not say:
'THE BEST AMONGST YOU IS THE ONE WHO LEARNS AND TEACHES THE HOLY QURAN.'

Requesting Duaas

Hashim

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Basic Education
Health
Social Development

COVID-19

Online Resource & News Portal
SAcoronavirus.co.za



health

Department
Health
REPUBLIC OF SOUTH AFRICA



LEARNER HEALTH QUESTIONNAIRE: COVID-19

Dear Parent / Guardian / Caregiver

The evidence emerging from countries around the world is clear and consistent: children are less likely to catch COVID-19. The Department of Basic Education and Health are establishing health safety measures to keep all children safe during this pandemic. However, a small number of serious medical conditions may put children at risk of becoming severely ill, and the Department needs to know about this to ensure that the necessary support and protection are provided in schools.

Please complete the form below regarding any **MEDICAL CONDITION** your child has. Your child's health information will be kept confidential.

NB. Do NOT send your child/children to school if they are unwell or sick – this includes having a sore throat, runny nose, mild cough, headache or mild fever (high temperature). If needed take them to a health practitioner or the nearest clinic.

Name of Learner		Name of Parent/Guardian	
Gender: Female Male		Relationship (Mother, Father, Aunt, Grandmother etc.)	
Identity Number		Home Address	
Home Address		Cell Number	
Below is a list of conditions that may cause your child to be severely ill if COVID-19 is contracted. To respond, please circle Yes if your child has the condition or No if he or she does not have it.			
Please indicate if your child is on chronic medication or is currently receiving treatment for these conditions		Describe the medication prescribed by your doctor Dr Name: Clinic Name: Telephone number:	
Asthma	Yes No		
Tuberculosis	Yes No		
Pregnancy	Yes No		
Chronic severe respiratory tract diseases (Inherited conditions, e.g. cystic fibrosis, Chronic lung diseases)	Yes No		
Congenital Cardiac Disease (not corrected by surgery)	Yes No		
Severe immunodeficiency (both inherited and acquired). This includes HIV infection with a low CD4 count, cancer (on treatment) or children on Immunosuppressive drugs e.g. after a transplant	Yes No		
Other (e.g. diabetes) not covered above:	Yes No		

The above responses have been completed to the best of my knowledge.

Parent/ Guardian Signature	Learner Signature 12 years/older	Date of signature
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COVID-19 INDEMNITY AND DECLARATION

I, _____ the undersigned, ID/PASSPORT Number _____, Parent of _____ (Child's Name) who is currently in Class:- _____

Confirm and Declare:

1. I am duly informed that the COVID – 19 Virus Outbreak is classified as a disease by the World Health Organisation.
2. I understand and take due notice of the fact that there are currently numerous confirmed cases of the COVID-19 Pandemic in South Africa.
3. I understand that Dr. Zweli Mkhize, Minister of Health declared any infection with the COVID-19 virus to be a compulsory reportable disease and that infections must be reported to the *National Institute for Communicable Diseases (NICD)*.
4. I am duly informed that the virus is primarily spread between people similar to comparative viruses such as flu, through vapour droplets / spit and similar biological substances and that close interaction with people increases the risk of infection, especially when someone coughs or sneezes.
5. I understand that the incubation period between being infected and showing physical symptoms usually takes approximately five (5) days, but could vary between two (2) and approximately fourteen (14) days.
6. I understand and take due notice that infection with the COVID-19 virus can result in severe complications, influenza and, acute respiratory syndrome which can be fatal.
7. I specifically note that elderly persons, and persons with pre-existing conditions such as Heart Disease, Diabetes, Asthma and such, are specifically prone to the COVID-19 Virus and Complications and I noted that it is recommended that persons over the age of 60 and/or with pre-existing conditions should take additional care.
8. I Subsequently indemnify Madrassah Ashraful Uloom and/or its trustee and/or teachers/caretakers from any claim for damage incurred whatsoever, which may occur as a result of myself/child being infected by the COVID-19 virus.

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9. Please specify by putting an X in the appropriate box below:

I have considered all the risks which the noted COVID-19 virus and infection may have for myself / my child and I declare that

I am willing that he report to Madrassah	I am not willing, that he report to Madrassah.
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10. I further hereby declare, represent and warrant as follows:

10.1 Within the twenty-one (21) days immediately preceding the Date of this Health Declaration Form ("Declaration"), myself/ child has not:

10.1.1 Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus").

10.1.2 Experienced any symptoms commonly associated with the Coronavirus.

10.1.3 Has not been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

10.2 I agree to notify the Principal immediately of any change in status, in my child's health or any symptoms that I may have, including but not limited to, fever (higher than 38 degree (C), sore throat, difficulty breathing, etc.

10.3 I/My child will, wear a mask at all times during Madrassah time and I also agree that he will adhere to any and all additional Health & Safety measures required.

10.4 I consent to having my/his temperature taken on a daily basis before entering the premises and will provide any follow up information reasonably requested by the principal or his representative.

10.5 I acknowledge that this Declaration will be considered as my consent to Madrassah Ashraful Uloom to disclose, share, record and store this Declaration with any relevant authority or service provider for the many purposes of ensuring the safety of any and all third parties that may come in contact with myself/my child prior, during and after Madrassah Hours

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FORM 1
PERMIT TO TRAVEL TO ANOTHER PROVINCE, METROPOLITAN AREA OR DISTRICT FOR
PURPOSES OF RELOCATION

Direction 3(b)

Note:

- This permit must be issued to the persons or businesses relocating
- This permit and any form of identification must be in the possession of the person to whom this permit is issued

I, _____

Full names	
Surname	
Identity number	
Court/Station	

*Station Commander/Head of court/designated person

hereby issue a permit for *relocation/transportation of persons, household furniture and effects/business furniture, equipment, and inventory related to the business to: Full names			
Surname			
Identity number			
Names of additional people travelling and requiring authority to return(Limited to number of people per vehicle, as per directions of Minister of Transport)			
Address of residence/ business relocating from			
Province relocating from			
Registration number/s of vehicle/s for movement and return			
Contact details	Cell nr	Tel No (h)	e-mail address
Address of residence/ business relocating to			
Province relocating to (if different from current province)			
Date/s of travel			

I have verified that the person requesting the permit *produced the relevant lease agreements, indicating the date of expiry of the old lease or the commencement date of the new lease/produced proof of purchase of residence and occupation date/produced the transfer documents attesting to the change of ownership of property/domestic violence order/produced proof of change or new occupation of business premises.

Signed at _____ this _____ day of _____ 20__

 *Station Commander/Head of Court/designated person

*Delete which is not applicable.

