

FUNDANI GIRLS LEADERSHIP ACADEMY

HOME OF FUTURE LEADERS

REG NO: 2021/920425/08
PBO NO: 930077388
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FUNDANI GIRLS LEADERSHIP ACADEMY- Application Form 2026

SECTION A: DETAILS OF THE LEARNER

Surname _____ First Name(s) _____

Nationality _____ Identity/refugee Number _____

Age _____ Gender: _____ Tribe _____

Are both parents born South Africans _____. If the answer is NO, state the nationality of:

Father _____ mother _____

DETAILS OF THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING:

Name of Current School: _____ Current Grade: _____

Grade Next Year _____ Home Language at school: _____

If not from KZN, will you take English as Home Language and IsiZulu or Afrikaans as First Additional Language _____

Is your child right or left handed _____

Do you have medical aid _____ If yes state Medical Aid Provider _____

Medical Aid Number _____ Does your child have any allergies or on chronic medication or is suffering from hypertension, anxiety, mental illness or epilepsy _____

If yes, please provide details of illness:

Attach latest school report to this application. You child will be called in to write a compulsory test in Maths and English.

SECTION B: DETAILS OF PARENT

Surname _____ First Name(s) _____

Email _____ Your contact number _____

Alternative number _____ Nationality _____

Identity/refugee Number _____ Age _____ Gender: _____

Are you an indigenous South African _____ Race _____ Marital Status _____

Home address:

Physical Street Address _____

Area/City _____ Province _____

SECTION C: PARENT/GUARDIAN OCCUPATION DETAILS

Name	Your Occupation	Employer	Employer Contact Number	Email of Employer
Father / Guardian				
Mother / Guardian				

SECTION D PARENT FINANCIAL DETAILS (Please provide details for the last month)

Monthly Income	Net Salary	Rental Income	Grant Income	Self Employed	Family/Friends income	Provident Fund income	Total Income
Parent/Guardian							
Other							

- a) Attach work Payslip or Affidavit from employer, or police affidavit if unemployed.
b) Attach the Bank confirmation form, stamped by the bank stating that you have no account.
c) If you have an account, attach 3-month bank statements.

Monthly Expense	Amount
Bond / Rent	
Rates	
water/ Electricity	
Groceries/ Milk & Bread/Meat, etc.	
Transport / Petrol	
Medical Aid	
Insurance	

Other	
Total Spend for a month	

NB! You may be required to provide proof and/or supporting documents for the above.

1. Where did you hear about Fundani?

2. Please motivate why you want your daughter/Guardian to study at Fundani.

SECTION E: GENERAL DECLARATION

- 1) My child will devote her time to her studies as long as she is a learner of Fundani.
- 2) She will participate in the programmes and activities organised by FUNDANI.
- 3) She will try to assist in the development of my community and country after I qualify.
- 4) My spouse is not in a financial position to support my education.
- 5) I understand that ZAKAH funds will be used for my child's education, board and lodge and well-being.
- 6) I authorise FUNDANI to use my details, photograph and academic records for networking with other organisations and promoting the FUNDANI Leadership programme
- 7) **I authorise FUNDANI to draw and use the SASSA grant for my child's well-being.**

Pledge by Applicant:

All the information in this Application Form, including attachments and documents, is correct, and I promise to comply with the code of conduct of Fundani Girls Leadership Academy.

Parent Name: _____ Date: _____

Signature: _____

Check List: All documents must be stamped at the police station

1. Latest Report	5. SASSA Card and Statement
2. Learner ID	6. Bank Confirmation Form
3. Parent ID	7. Signed application and Indemnity Form
4. Clinic Card	8. Medical Aid Card

SECTION F: Bank Confirmation Form

BANK CONFIRMATION			
THIS DOCUMENT MUST BE STAMPED BY AN AUTHORISED EMPLOYEE OF THE BANK. THE BANK EMPLOYEE SIMPLY NEEDS TO CONFIRM IF THE UNDERMENTIONED HAS A PORTFOLIO (BANK ACCOUNT) WITH THE BANK. NO FURTHER DETAILS ARE REQUIRED.			
TO WHOM IT MAY CONCERN			
KINDLY ADVISE IF		WITH	
ID NUMBER		HAS A	
portfolio with your institution			
<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE ABSA or name and tel of employee </div>		<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE ALBARAKA or name of tel of employee </div>	
NO	YES	NO	YES
sign		sign	
<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE CAPITEC or name and tel of employee </div>		<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE FNB or name and tel of employee </div>	
NO	YES	NO	YES
sign		sign	
<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE NEDBANK or name and tel of employee </div>		<div style="border: 1px solid black; padding: 10px; margin: 5px auto; width: 80%;"> STAMP HERE STANDARD or name and tel of employee </div>	
NO	YES	NO	YES
sign		sign	

SECTION G: INDEMNITY FORM

I _____ Parent/Guardian of _____

(PLEASE PRINT SURNAME & NAME) (PLEASE PRINT SURNAME & NAME & GRADE)

☐ I hereby permit my child to reside at Fundani Girls Boarding School, located at 28 Membrey Rd, Clare Estate, and 13 Briza Place, Asherville, Durban, under the strict supervision of the House manager. I also permit my child to be housed in alternate premises when the need arises.

☐ I understand that Fundani will NOT be responsible for any accidents that may occur. I also understand that Fundani Girls Boarding School will take all precautions to avoid accidents.

☐ I permit my child to travel with Fundani via public and private transportation; I also understand that Fundani will not be responsible for any accidents which may occur. I also understand that Fundani will take all necessary precautions to avoid any accidents

☐ I permit that my child may receive medical attention from the responsible staff member on duty when deemed necessary.

☐ I understand that if a learner does fall pregnant, Fundani will not be blamed for such a pregnancy. However, if medical attention is required, the learner is to inform the House Manager so that correct medication can be administered.

☐ I understand that if a learner is pregnant or is injured and requires medication, Fundani will NOT be held liable for wrong medication being administered.

☐ I permit illegal substance tests to be conducted on my child/children at any time.

☐ I also permit my child/children to be fingerprinted by the police if the need arises.

☐ I permit the following person/s to fetch my child/children from Fundani Girls Boarding School.

☐ I permit the following person/s to fetch my child/children from Fundani Girls Boarding School.

SURNAME & NAME _____ **ID NO** _____

Whatsapp NO _____ **PH NO** _____

☐ Any person/s fetching the learner/s must show proof of identification.

☐ Any person not listed above will not be allowed to take the learners. Parents CAN AUTHORISE a person not listed above via WhatsApp. ONLY then will the learner/s be allowed to leave.

Signature: _____ Witness: _____

Parent/Guardian 1

Signature: _____ Witness: _____

Parent/Guardian 2

Date: _____

