



DARUL ULOOM ZAKARIYYA

دَارُ الْعُلُومِ زَكَرِيَّا

ص ب ١٠٧٨٦ لينشيا، ١٨٢٠
مقام ٣٨٥ جولدن هاوي، زكريا بلوك ٨،
خلوتنج، افريقيا الجنوبية
هاتف: ١٠٨١ ٨٥٩ / ١٩١٢ ١١ ٨٥٩ +٢٧
فاكس: ١١٣٨ ١١ ٨٥٩ +٢٧

29 May 2020

Respected parents and guardians

As SalaamuAlaikum Warahmatullahi Wabarakatuh

We would like to take this opportunity to say Jazakallahu Khairan for your continued support towards the upliftment of the Darul Uloom.

May Allah Ta'ala accept all our acts of worship and efforts made during the blessed month of Ramadhann.

May he keep us steadfast & count us amongst his patient and resolute servants.

Alhamdulillah, the Darul Uloom will be opening for the new academic year on Tuesday evening the 10th of Shawwal 1441 - 2nd of June 2020.

The Darul Uloom has been declared safe and cleared to resume its activities after inspections by the health department.

All necessary procedures and precautionary measures have been put in place to ensure compliance with government regulations,

Kindly note no cellphones will be allowed for students, incase of an emergency kindly contact the Darul Uloom office.

Please find attached re registration documents, permit and other formalities that are required to be completed upon arrival.

Kindly do remember the Darul Uloom staff, students & the Ummah in your constant Duas.

Feel free to contact the Darul Uloom for any further enquiries or assistance required.

Was Salaam

Sabierahmed Saloojee

Principal



DARUL ULOOM ZAKARIYYA
P.O.BOX 10786, LENASIA 1820, GAUTENG RSA
TEL: 27-11-859-1912 / 859-1081
FAX: 27-11-859-1138



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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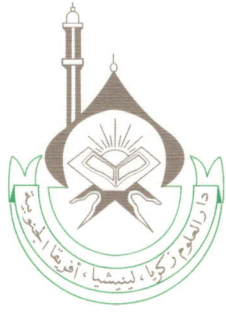
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COVID-19 INDEMNITY AND DECLARATION

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

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 DARUL ULOOM ZAKARIYYA 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.

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 DARUL ULOOM ZAKARIYYA to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety of any and all third parties that may come in contact with myself/my child prior, during, and after Madrasah hours.

Signature of Student / Parent

Date

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

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.

Official stamp

**"FORM 3A
CERTIFICATE FOR LEARNERS OR STUDENTS TO TRAVEL TO ANOTHER
PROVINCE/METROPOLITAN AREA/DISTRICT
Regulation 34(5)**

Note: This certificate and an identity document/drivers licence must be in the possession of the learner/student to whom this certificate is issued

I, _____

Full names:						
Surname:						
Identity number:						
Name of school/institution						
Address of school/Institution						
Province of school/institution						
Metropolitan area/district of school/institution						
Contact details:	Cell nr		Tel No (h)		e-mail address	

In my capacity as *Head/delegated person of the above-mentioned *school/institution, hereby declare that the undermentioned *learner/student, is a *learner/student at this *school/institution, and needs to travel between different *provinces/metropolitan areas/districts for education

Full names of learner/student:						
Surname of learner/student:						
Residential address:						
Province of residence:						
Metropolitan area/district of residence:						
Full names of primary caregiver:						
Contact details of primary caregiver:	Cell nr		Tel No (h)		e-mail address	

Signed at _____ on this ____ day of _____ 2020.

*Head/delegated person of *school/institution

Official stamp