



# AUSTRALIAN ISLAMIC CENTRE COLLEGE

## APPLICATION FOR ENROLMENT

### Student Details

Family Name \_\_\_\_\_

Given Name \_\_\_\_\_

Enrolling in Year Level: \_\_\_\_\_ in the year \_\_\_\_\_ Gender:  Male  Female

Date of birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Present School/Kinder \_\_\_\_\_

Student lives with  Both parents or  Father only or  Mother only  Grandparents  Guardian

Current Court Order  Yes  No (IF YES, PLEASE ATTACH ANY DOCUMENTATION TO COURT ORDERS OR PARENTING PLANS)

Australian Citizen  Yes  No Permanent Resident of Australia  Yes  No

Languages Spoken at Home \_\_\_\_\_

Note: AICC must be notified immediately if a Student Changes Address.

### Siblings Enrolled At AICC

Names of other children at this College	Year Level
_____	_____
_____	_____
_____	_____
_____	_____

Siblings on waiting list at AICC

_____	_____
_____	_____
_____	_____
_____	_____



# APPLICATION FOR ENROLMENT

## Father/Male Guardian Details

Father's Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Country of birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Details  Employed  Unemployed  Pension  Grandparents  Other: \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Mother/Female Guardian Details

Mother's Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Country of birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Details  Employed  Unemployed  Pension  Grandparents  Other: \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION FOR ENROLMENT

## Student Confidential Medical Report

Doctor's Name \_\_\_\_\_

Medicare Number \_\_\_\_\_

Medical/Hospital Insurance Fund \_\_\_\_\_

Ambulance Subscriber  Yes  No, If yes, ambulance number \_\_\_\_\_

Emergency Contact (Local Guardian other than Parents)

Contacts Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residential Details \_\_\_\_\_

Post Code: \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

List all health issues you child may have:

_____	_____
_____	_____
_____	_____
_____	_____

Is your child currently on long term prescribed medication?  Yes or  No

If so, please state the name of their medication, dosage, and anything else that may assist us in taking care of your child.

\_\_\_\_\_

\_\_\_\_\_

Year of the last Tetanus Injection (Important): \_\_\_\_\_

Does your child have any allergies?  Yes or  No

If yes, please provide extra information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# APPLICATION FOR ENROLMENT

## Student Confidential Medical Report (Continued)

Has your child had any reaction to medicines or food?  Yes or  No

If yes, please provide extra information:

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Has your child ever had, or do they currently have any of the following conditions?  
Please Tick Yes or No columns and provide specific details.

Condition	Yes	No	
Asthma / Wheezing (mild / heavy)			
Epilepsy or fits of any type			
Migraine/ Severe headaches			
Heart Conditions			
Dizzy spells / Fainting / Blackouts			
Travel sickness			
Bed wetting			
Arthritis/ Joint problems			
Diabetes (what type?)			
Anxiety or panic attacks			
Has had any surgery previously?			
Hearing impairment / deafness			
Sight impairment / prescription glasses/ contact lenses			
Skin Disease			
High / low blood pressure			
Bronchitis or pneumonia			
Hay Fever / Sinus problems			
Blood disease or bleeding disorder			
Kidney or bladder disease			
Hepatitis or liver disease			
Back or major joint injury			
Fractures (broken bones)			
Other illness/injury/medical condition			



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Language Spoken	Student	Mother/Female Guardian	Father/Male Guardian
English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic (incl. Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indonesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malaysian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest year of primary or secondary school the parents/guardians have completed?

(FOR PERSONS WHO HAVE NEVER ATTENDED SCHOOL, TICK 'YEAR 9 OR EQUIVALENT OR BELOW')

Highest Level	Mother/Female Guardian	Father/Male Guardian
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

What is the level of the highest qualification Parents have completed? (PLEASE MARK ON BOX FOR EACH PERSON ONLY)	Mother/Female Guardian	Father/Male Guardian
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Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advances Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (incl. Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>



# APPLICATION FOR ENROLMENT

## Parental Occupation Group:

Please refer to the last page on this form for occupation groups and indicate either 1,2,3, or 4)

Occupation group of the mother/female guardian: Group \_\_\_\_\_

Occupation group of the father/male guardian: Group: \_\_\_\_\_

If the parent/guardian is not currently working but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last we months, enter '8'

## Photograph and video consent

Do you consent to your child's photos/videos being used for internal school publications (ie. internal school displays and school yearbook)?

Yes

No

Do you consent to your child's photos/videos being used for external school publications (ie. newspapers), school social media, school newsletter and promotional material (ie. advertising, promotional documents/magazines etc.)?

Yes

No

## DECLARATION AND UNDERTAKING

I/We, Parents / Guardian of the Student named in this Application for Enrolment, understand that completion, signing and lodgement of this Application for Enrolment is a pre-requisite for but not a guarantee of enrolment of our child at the School.

The enrolment is formalised after the Acceptance of Enrolment is signed, following an offer of enrolment being made by the College at its discretion.

Signature of Parent / Guardian (Male): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian (Female): \_\_\_\_\_ Date: \_\_\_\_\_

Please note: All signatures must be witnessed by an officer from the College

Witness Name /Signature: \_\_\_\_\_ Date: \_\_\_\_\_