



# Islamic College Of Melbourne

## Enrolment Form 2016

### OFFICE USE ONLY

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

Student Name: \_\_\_\_\_

Year Level of Entry: \_\_\_\_\_

Date Received: \_\_\_\_\_

Enrolment Fee paid (Non-refundable): \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Passport / Visa No: \_\_\_\_\_

Other Documents: e.g. Custody Orders: \_\_\_\_\_

Acknowledgement letter sent: \_\_\_\_\_

Received By: \_\_\_\_\_

## PERSONAL DETAILS OF STUDENT \*

Family Name:

Given Name:

Preferred Name:

Victorian Student Number:

Application for Year:    PREP    1    2    3    4    5    6    7    8    9    10

Residential Address:

Telephone:

Suburb:

Postcode:

Date of Birth:

Gender: Male / Female

Nationality:

Present School / Kindergarten: \_\_\_\_\_

Year Level: \_\_\_\_\_

How many years enrolled at present school: \_\_\_\_\_ (Please attach photocopy of latest school report)

Do you give permission for the previous school to forward any relevant documentation about your child to Islamic College of Melbourne (ICOM)?     Yes     No

Is your child an Aboriginal or a Torres Strait Islander?     Yes     No

Main language spoken at home: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

If born overseas please indicate date of entry into Australia: \_\_\_\_\_ (Please supply photocopy of Visa/Passport)

Name of first school in Australia: \_\_\_\_\_

Date of first school year in Australia: \_\_\_\_\_

Do you have refugee status?     Yes    Type: \_\_\_\_\_     No

Has your child attended an English Language School/Centre?

Yes    (Please supply photocopy of school report)     No

Name of English Language School/Centre:

Address: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

Information for the mailing of reports & general correspondence (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_    Telephone: \_\_\_\_\_    Mobile Phone: \_\_\_\_\_

Student's place of residence (Please indicate with whom the student lives with):

Mother

Grandparent/s

Aunt

Father

Brother

Uncle

Guardian

Sister

Other \_\_\_\_\_

(E.g. Custody / Visitation etc.)

<b>PARENTAL/GUARDIAN INFORMATION *</b>	
<b>FATHER/GUARDIAN</b>	<b>MOTHER/GUARDIAN</b>
Family Name:	Family Name:
Given Name:	Given Name:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Business Phone:	Business Phone:
Email:	Email:
Religion:	Religion:
Main Language Spoken at home:	Main Language Spoken at home:
Country of Birth:	Country of Birth:
Date of Entry into Australia:	Date of Entry into Australia:
Name of Employer:	Name of Employer:
Ethnic Origin:	Ethnic Origin:
Nationality:	Nationality:
Visa No:	Visa No:
Business Address:	Business Address:
Occupation:	Occupation:
If Guardian, please state relationship to student:	If Guardian, please state relationship to student:
Please provide an email address for the electronic delivery of the College Newsletter, the <i>ICOM News</i> :	
<b>* = These sections are required. Failure to complete the sections of the form marked with an (*) or to provide required documentation may result in a refusal to process the application</b>	

<b>SUPPLEMENTARY ENROLMENT INFORMATION FOR NATIONAL REPORTING *</b>			
		Father/Guardian	Mother/Guardian
<b>Highest level of primary or secondary school completed</b> <i>(Please Tick)</i>	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	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highest qualification completed</b> <i>(Please Tick)</i>	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced Diploma/ Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

## SPECIAL PROGRAM OR ASSISTANCE

Please tick if the following have been part of your child's school education

- English as a Second Language Program       Visiting Teacher  
 Integration       New Arrivals Program  
 Special Needs Program

Are there any other issues about your child's learning and care that should be taken into account in our planning for her enrolment?       Yes       No

If yes, please specify: \_\_\_\_\_

Has your child any special needs?       Yes       No

If yes, please identify: \_\_\_\_\_

Does your child receive a disability allowance from Centre link?  
Was your child eligible for Commonwealth funding for special needs?

Please indicate if any of the following (or other) areas may affect your child's schooling:

- Exceptional abilities       Speech or Language disabilities  
 Problems in home life       Social Interaction

Please comment: \_\_\_\_\_

## MEDICAL INFORMATION \*

Has your child been diagnosed with Anaphylaxis?

If 'Yes' does he/she have an Anaphylaxis Management Plan provided by her doctor?

**If 'Yes' please attach a copy with the Enrolment form.**

Has your child any health/ medical conditions of which the school should be aware?

- Eye sight       Hearing loss       Speech       Physical Disability  
 Diabetics       Asthma       Allergies       Other

Please specify: \_\_\_\_\_

Is your child receiving regular treatment/medication?       Yes       No

Please specify: \_\_\_\_\_

Has your child been diagnosed with any behavioural problems such as ADHD / Autism?

Please specify: \_\_\_\_\_

Doctor's Name:

Phone No:

Address:

Medicare No:

Medical Insurance Name:

Card No:

Does your family have Ambulance Cover?       Yes

Membership No:

No

**\*In the event of an accident or illness, if I/we cannot be contacted, I/we give consent and authorise the school to take my child for medical or surgical treatment.**

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

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

Do you have a Centrelink Healthcare Card?       Yes Please provide Card Number: \_\_\_\_\_  No

Does your child receive: Youth Allowance:  Yes       No or Abstudy:  Yes       No

## EMERGENCY CONTACT OTHER THAN PARENTS \*

Please give the name and telephone number of two people, **other than the parent/s or guardian**, who will act as a contact, should your daughter/Son become ill at school and we are **UNABLE to contact you**:

Name of contact person:

Relationship to student:

Home Phone:

Business Phone:

Mobile Phone:

Name of contact person:

Relationship to student:

Home Phone:

Business Phone:

Mobile Phone:

## FAMILY INFORMATION

Position of child in family? (e.g. First)

Do you have other children enrolled /enrolling at the Islamic College of Melbourne (ICOM)? Yes  No

Name of Brother/s and Sisters	Date of Birth	Preschool/School/College

## ACCOUNT INFORMATION \*

I **take full responsibility** to pay full tuition fees and any other fees for the duration of my/our child's education at the Islamic College of Melbourne (ICOM). If my/our financial situation changes, I/we shall contact the Accounts Department. *You will be required to pay various fees. The college reserves the right to review and revise fee levels on an annual basis. The College's regulations relating to fees and payments, including refunds, are described within the school's fee policy.* If your child is accepted, please pay all the fees for the term in advance, and for those who take a bus need to pay bus fees for the term. Please note that if you change your mind, the fees paid in advance will not be refunded.

Person/s responsible for the receiving school fee statements:

Name:

Home Phone:

Business Phone:

Mobile Phone:

Address:

Signature:

Date:

If English is not your primary language, and you need assistance in dealing with any school issues, please indicate a contact person we can speak to:

Name:

Home Phone:

Business Phone:

Mobile Phone:

Address:

Signature:

Date:

## PUBLICATION OF STUDENT WORK AND PHOTOGRAPHS \*

The Islamic College of Melbourne may publish photos, artwork etc. of your child. These may be published in or on our:

- *School Newsletter*
- *School Magazine*
- *School Website*
- *School Prospectus*
- *School Brochures*
- *School Displays*
- *Local Newspaper*

I \_\_\_\_\_ Father/Mother of \_\_\_\_\_ give permission to Islamic College of Melbourne to publish my child's photograph, Art works etc. as indicated above.

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

## POLICIES AND PROCEDURES \*

**THIS COLLEGE HAS ZERO TOLERANCE FOR ANY KIND OF ABUSE AND ABUSIVE LANGUAGE TO ANY STAFF MEMBERS. APPROPRIATE ACTION WILL BE TAKEN IMMEDIATELY IN THE EVENT OF ANY SUCH ACTION**

Upon enrolment at the Islamic College of Melbourne (ICOM) I/we agree to abide by **all the rules and regulations of the College including the specific rules and regulations as stated below:**

- *We shall actively support the ideals and values of the College as expressed in the College Mission Statement.*
- *We shall fully support the Religious Education Program offered by the College.*
- *We shall support participation of my/our child in activities considered by the College as a necessary part of the curriculum.*
- *We shall abide by ensure that my/our child attends the College regularly and punctually.*
- *We shall abide by the College discipline policy.*
- *We agree to school fees and levies as set by the College Board.*
- *We shall notify the College in writing of any changes of address or telephone numbers.*
- *We agree to a non-refundable Enrolment Fee whether or not my child is accepted by the college.*
- We shall abide by the school's instructions regarding access to school grounds before, during and after school hours.
- We shall abide by the policies that the college may introduce concerning the safety of students.

**The parents, guardians and carers must wear appropriate and non-distracting attire around the school compound at all times.**

**This college is a total smoke-free zone. Please do not smoke anywhere in the school compound at any time.**

Mother's Signature:

Date:

Father's Signature:

Date:

Guardian's Signature:

Date:

## HOW DID YOU FIND OUT ABOUT THE ISLAMIC COLLEGE OF MELBOURNE (ICOM)?

- Friend                       Local Mosque                       ICOM Website  
 Family                       Local Newspaper                       Word of Mouth                      Other

**CHECKLIST:** Please tick boxes or circle where appropriate once you have completed the following:

### Attached a photocopy of:

- Passport photo page and Visa if not Australian Citizen
- Primary School Reports (previous 2 Semesters)
- NAPLAN Result for Yr-4 & Yr-6
- Report if attended any Remedial Classes (e.g. Reading Recovery, Direct Instruction, Speech Pathologist etc.)
- Proof of Australian Citizenship if parents were born overseas
- Birth Certificate
- Immunisation Certificates
- Evidence of Kinder Attendance

### Completed and signed relevant questions regarding:

- Email Address for Receiving *ICOM News*
- Permission to publish child's photo
- Emergency Contact other than Parents
- Is there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? (Please provide a copy of any relevant current court order) **Yes / No**
- Evidence of Medical Record if any

**Islamic College of Melbourne**  
**83 Wootten Road,**  
**Tarneit VIC 3029**

**PO Box 8153**

**Tarneit VIC 3029**

**Phone:** (03) 8742 1739

**Email:** [admin@icom.vic.edu.au](mailto:admin@icom.vic.edu.au)

**Fax:** (03) 8742 1959

**Web:** [www.icom.vic.edu.au](http://www.icom.vic.edu.au)

### School's Bank details:

**Bank:** Westpac

**Acc Name:** Islamic College of Melbourne

**BSB:** 033 695

**Acc No:** 374 914

**Email:** [accountant@icom.vic.edu.au](mailto:accountant@icom.vic.edu.au)