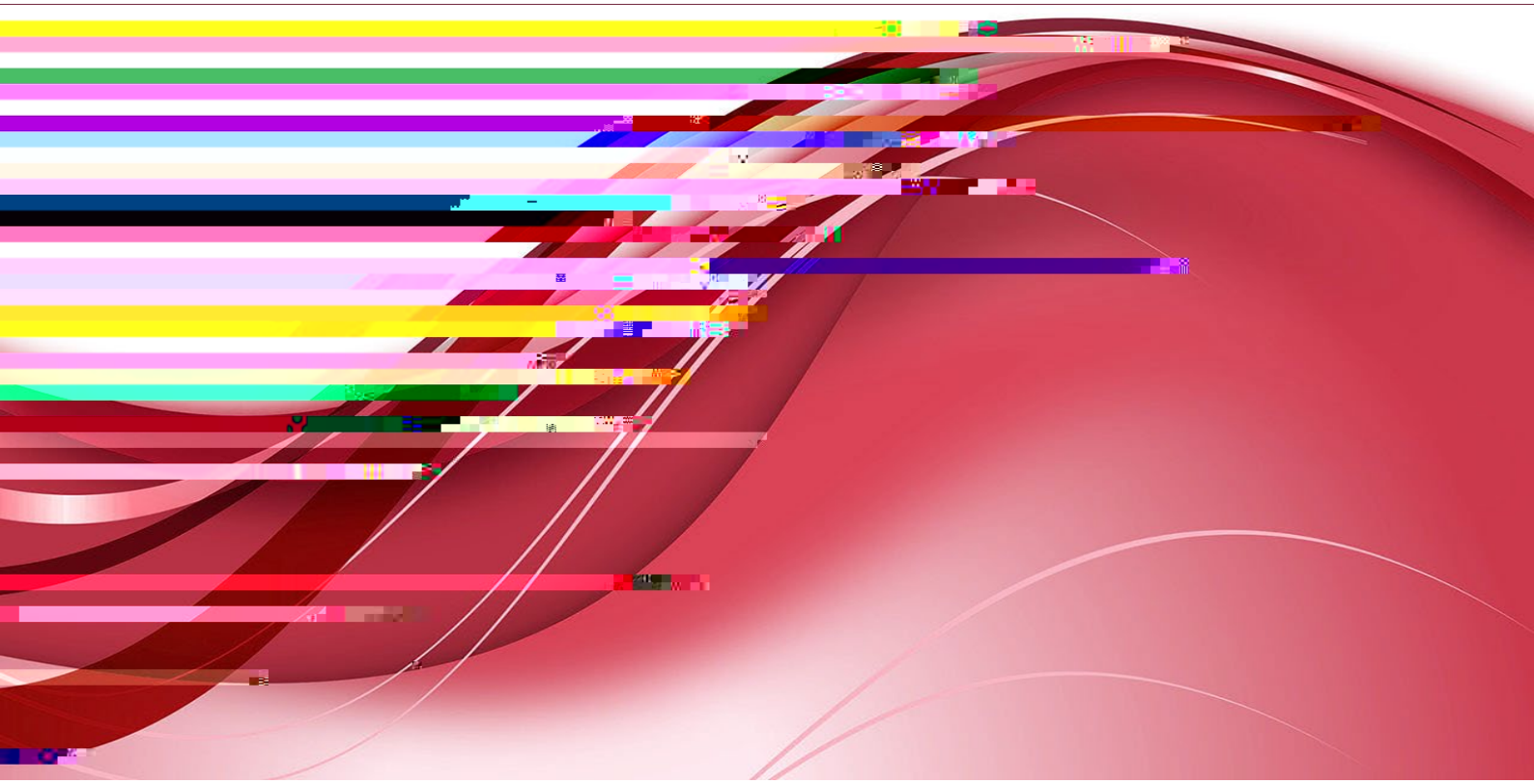
OFFICE USE ONLY



1) STUDENT PERSONAL DETAILS

Family Name:

Given Name:	Preferred Name:
Date of Birth	Gender (please circle): Male / Female

Application for Year level (please circle):

Primary:

Foundation Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

Secondary (Please tick):

Year 7	Year 7 SAP (Secondary Accelerated Program)
Year 8	Year 8 SAP (Secondary Accelerated Program)
Year 9	Year 9 SAP (Secondary Accelerated Program)
Year 10 Mainstream Year 10 SAP Pre IB	Year 10 Mainstream /Islamic Leadership
Year 11 VCE	Year 11 IB (International Baccalaureate)
Year 12 VCE	Year 12 IB (International Baccalaureate)

2) RESIDENTIAL AND CONTACT DETAILS

Please note that the address entered in this section of the form, will be the address all correspondences are mailed to. Should you change addresses after this form is submitted, please contact the College to amend your details.

Residential Address:

Suburb:	Postcode:
Telephone:	Email:

Student's place of residence (Please tick whom the students live with):

Mother	Grandparent/s	Aunt
Father	Brother	Uncle
Guardian	Sister	Other _____ (E.g. Custody / Visitation etc.)

3) RESIDENTIAL STATUS

Is your child an Aboriginal or a Torres Strait Islander?	Yes No
Main Language spoken at home:	Student's Nationality:

Has the student attended kindergarten or schooling in Australia?	Yes	No (please proceed to Section 8)

Name of kindergarten or previous school: _____

Victorian Student Number (VSN): _____

Previous Year level: _____

Date of completion: _____

Has your child ever been expelled from any School Yes No (Please proceed to section 7)

If yes Please specify :

Date of Expulsion: _____

Name of School : _____

Reason of Expulsion: _____

7) SPECIAL PROGRAM OR ASSISTANCE

Has your child been previously diagnosed with special needs?	Yes	No (please proceed to Section 8)

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

English as a Second Language Program081 (r)-1.7 (o)-4.1 (g)]TJ 0.001 Tc [ra)-0.8 (mh.492a)-0.8 (m081 (r)-1.7Ty74 0 10.98 25.2

9) MEDICAL CONDITIONS

Has your child been diagnosed with anaphylaxis?	Yes	No
Has your child been diagnosed with asthma?	Yes	No
Has your child been diagnosed with any allergies?	Yes	No

If 'Yes' an Action Plan must be provided to the college by his/her doctor and attached to this form.

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

Eyesight Hearing loss Speech Physical Disability

Diabetics Other, please specify: _____8 552.36 87.84 reW nr1 Tw 1.97

12) FAMILY INFORMATION

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

Do you have other children enrolled/enrolling at the Islamic College of Melbourne? Yes No, proceed to Section 13.

Name ofBrother/s and Sisters	Date of Birth	Year/Class

13) ACCOUNT INFORMATION

x

14) Student Laptop Program

In today's technology-reliant world, learning how to effectively utilise and work with technology is an absolute necessity. It is important that we prepare students for the technology-reliant world of work after they complete my years of study. To support new ways of learning, students need to access appropriate resources and information that allows them to demonstrate various skills.

Students will receive the laptop model, which the College has decided is suitable for students to use at school and at home. Laptops will be installed with Microsoft Office, anti-virus, other necessary programs, and configured to work on the College network. The following items have been included:

- Accidental Damage Protection (3 years coverage & warranty) -
  The Accidental Damage Protection Insurance Terms and Conditions is available on the Parent Portal for your convenience
- Laptop bag
- Software:
  - Microsoft Office Pro Plus
  - Anti-virus
  - Installed and configured to the college network

I/We understand and agree

- To purchase the laptop provided by the College and commit to pay the cost by the due date.
- That should my child withdraw from the Islamic College of Melbourne, I will be liable to pay in full the outstanding payment before my child's last day at school
- That I am responsible for repairing or purchasing a new laptop unless it is a fault of the manufacturer
- That the laptop will be used by secondary school students for a maximum of 3 years according to the following schedule:
  - For students joining ICOM in Year 7 or earlier
    - Laptop will be given in Year 7 transition week
    - Another new laptop will be given in Year 10 transition week
  - For students joining ICOM in Year 8
    - Laptop will be given in Year 8 transition week
    - Another new laptop will be given in Year 11 transition week
  - For stud

15) 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:

x

x

x

x

x
x
x
x
x

x
x
x
x
    o

Islamic College of Melbourne
83 Wootten Road,
Tarneit VIC 3029

PO Box 8153

Tarneit VIC 3029

Phone (03) 8742 1739 Email enrolments@icom.vic.edu.au

Fax (03) 8742 1959 Web: www.icom.vic.edu.au

College Bank details:

Bank: Commonwealth Bank

Acc Name: Islamic College of Melbourne

BSB: 063-622

Acc No: 1087 3748

Email: receivables@icom.vic.edu.au

Getting Acquainted

Please complete this Questionnaire about your child .

Child's Name: _____

Name of Kindergarten: _____

Write 3 words that best describe your child

What hobbies or special interests does your child enjoy?

What are your child's strengths?

What kinds(s)Tj 7t0 EMC /P89D 18 >>c 0]q0 -0.002 Tc 0.002 Tw 13.98 0 0 13.98 72 3

Kindergarten Details Form

This form is to be completed and returned to the Islamic College of Melbourne to finalise your child's Foundation enrolment application. Once the College receives this form, your child's application will proceed to the next

☐ ☐

SECTION 3: KINDERGARTEN INFORMATION	
Person to contact for further information on this child:	
Phone:	Email:
Program Commencement Date:	Program End Date:

Session Details: Monday Tuesday