



الكلية الإسلامية في لانفورد

LANGFORD ISLAMIC COLLEGE

57 Southgate Road
Langford WA 6147

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STUDENT

ENROLMENT APPLICATION

FORM

APPLICATION FOR ENROLMENT

Year of Commencement:

Year/ Level:

STUDENT INFORMATION

Surname		M / F
First Name	Second Name	Preferred Name
Address		
State		Post Code
Date of Birth	BirthPlace	Birth Cert Attached <input type="checkbox"/>
Immunisation Record		Copy attached <input type="checkbox"/>
Present School		Year Level
Location of Present School		
Nationality: Australian Permanent Resident Y / N		If Overseas
If Y Provide Medicare No: _____		Visa Class _____
COUNTRY if Born outside of Australia		Date of Arrival
Country of Citizenship		Language most spoken at home

	Father's Details/Guardian	Mother's Details/Guardian
Title		
First Name		
SURNAME		
Address (if different from above)		
Employer		
Occupation		
Tel No: Wk/Hm/Mobile		
Religion		
Language most spoken at home		
Country of Citizenship & Birth	Country of Citizenship: Counry of Birth:	Country of Citizenship: Country of Birth:

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name	Relation to student
Address	
Telephone Number: Hm/Wk/Mobile	

STUDENT'S INDIVIDUAL NEEDS

The School Education Act 1999 requires the provision of: "details of any condition of the student that may call for special steps to be taken for the benefit or protection of the student or other persons in the school"

To assist the school to respond to individual requirements please detail any special needs your child has.

Medical/ Health Care:

I give do not give permission for my child/dren – Name/s: _____

_____ to take 1 panadol ½ panadol if he/she requires

If medication or medical/health care services are required during school hours, please provide full details, name, contact number and signed authorisation by the relevant practitioner:

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Copy of Court Custody documentation attached

Court Custody (if parents are separated and custody arrangements apply - a copy of court documentation must be supplied to the school in order for us to comply with any requests from either parent).

MEDICAL EMERGENCY/EXCURSION AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf. I only indemnify the school and its staff against any claim or litigation arising out of sickness or injury to our child.

I hereby permit my child to leave school grounds on any properly organised and supervised excursion for educational purposes. I also indemnify the school against any claim/litigation arising out of injury or sickness during, or as a result of the excursion.

Signature of Parent/Guardian

Date:

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AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/ We have completed the form fully and to the best of my/our knowledge. Further I/ we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions and/or health care requirements, then this enrolment may be refused or terminated on this ground.

I/We agree to abide by the policies and directions of the school as they are enacted from time to time.

I/We understand that our child must observe very good behaviour and achieve appropriate academic standards as specified by the school.

Students with unacceptable behaviour will be given three warnings, the next step is suspension from school and finally expulsion if his/her behaviour does not improve.

Signature of Parent/Guardian

Date:

PRIVACY ACT DECLARATION

The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the school. The primary purpose of collecting this information is to enable the School to provide schooling, and to enable the School to discharge its duty of care for your son/daughter.

Signature of Parent/Guardian

Date:

\$30.00 per child or \$50.00 per family must be enclosed with your application.

I agree to pay the required amount of my child/ren's School Fees per term (4 terms in each year) no later than the end of the respective term.

Parent Signature

The information sought on this form is required by the School both for its own purposes and to answer questions from various Education and Government bodies.