

**Islamic School of Canberra***In Knowledge Lies Strength*www.islamicschoolofcanberra.act.edu.au**33 Heysen Street
Weston
ACT 2611****Phone:** (02) 6288 7358
Email: reception@isc.act.edu.au
ABN: 67 141 669 093

**Attach 1
Passport size
Photo**

Confidential

Application for Enrolment**Student Name:** _____**Year/grade:** _____ **20** _____

Office use only	
<p>Date received: ____/____/____</p> <p>Previous student ID: _____ (if any)</p> <p>Interview date: : ____/____/____</p> <p><u>Comments:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Checklist</u></p> <p><input type="checkbox"/> Prev-School Report</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Immunisation records</p> <p><input type="checkbox"/> Citizenship status</p> <p><input type="checkbox"/> Copy of Passport or Visa</p> <p><input type="checkbox"/> Enrolment Application Fee</p>

Student details:

Family Name			
First Name(s)		Preferred Name	
Date of Birth (Documentary evidence required): / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No			
This child's position in the family – Sibling Order (e.g. eldest of 3)			
Birth Country:		Country of Citizenship:	
Main Language spoken at home:		Cultural Background:	
If from overseas, date of arrival in Australia: / /		Medicare No:	
Citizenship: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Temporary, Visa Number:		Ambulance Subscriber: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous school(s) or preschool(s)

Year	Grade	STUDENT ID	Date from	Date to	School	Location

Siblings (Other Family Members)

First Name	School/Work	Gender	Birth date	Year completes/completed school

Transport
Mode of Transport (To and from School) <input type="checkbox"/> Parent Transport <input type="checkbox"/> Family Transport <input type="checkbox"/> Friends Transport <input type="checkbox"/> Walking <input type="checkbox"/> Other Arrangement (<i>Please specify</i>)

Immunisations

Type of Immunisation (<i>documentary evidence required</i>)	Date provided:
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Medical history

Condition(s)		Details of medication/treatment
Pre/Postnatal Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: (<i>Please specify</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any medication, which your child is taking regularly (eg. Puffers etc.)

List any medical alerts, diseases, surgery or disorders, or recurring illnesses

Other information

Indicate any other physical, social/emotional, or intellectual conditions which may affect learning, school activities or which may require additional or emergency attention at school.

Indicate legal or educational matters of which the school should be aware of (eg custody orders/parental agreements, repeating a year level, etc)

(Please complete in block letters)

Family Details (Parent/Guardian) Residing with Child	
Title (e.g. Mr/Mrs/Dr)	
Family Name	
First Name(s)	
Religion	
Relationship to Child	
Home Address (do not list PO boxes)	
Date moved to address	
Address for Correspondence & E-mail Address	
Home Phone Number	
Mobile Number	
Emergency contact name and Phone number	
Daytime Contact Number (plus extension)	
Workplace	
Occupation / Job position	
Country of Birth	
Country of Citizenship	
Main Language Spoken at Home	
Other Languages Spoken at Home	
English Speaking	
If No, is an Interpreter required?	
Highest completed level of Education	

(Please complete in block letters)

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Conditions of enrolment

Family name: _____

Student's name: _____

Date of enrolment: _____

To: The Principal

Please accept this child as a student of the Islamic School of Canberra from the date of entry as stated above. I/We the parents/guardian undertake and accept the following conditions of enrolment:

1. I/We will comply with the Rules and Regulations of the school that are in force at anytime and will keep the school indemnified against any loss or damage caused by any failure of the student to observe such Rules and Regulations. I/We agree that such Rules and Regulations may be altered or added to at anytime and will be communicated with parents through the school's Newsletter and school email.
2. **I/We agree to pay the sum of \$100.00 enrolment fee (non-refundable) deposit with this enrolment form.**
3. **I/We will pay the requested fees prior to the commencement of each school term. Failure to pay school fees may result in cancelation of enrolment of my child/children.**
4. If the student is to leave the school, I/We will give you written notice to that effect: if it is intended that he/she should leave during a Semester, not later than the first day of the immediately preceding term.
5. If I/We fail to comply with the requirement in paragraph 4 above, I/We will pay or forfeit (as the case may be) to the School, one Term's fees in lieu of the notice.
6. The student will abide by the Rules and Regulations of the School that are in force at any time.
7. The student shall attend all classes and lessons, and failure to do so would necessitate an explanatory note from either parent/guardian or a medical certificate if absence was caused by illness.
8. I/We agree that the student will attend all school curricula and activities as requested, being part of the normal school program, and will support the school in all aspects of a complete education.
9. The school is to be advised of any medical problems or special medication required by the student. In the event of any medical emergency arising in

which the school considers it impossible or impracticable to communicate with the parent or guardian, the school will contact the ambulance.

10. The Principal (or Principal's nominee) reserves the right to discipline, suspend or expel any student whose attitude or behaviour is not conducive to the school's welfare as per the Education Amendment ACT 2022 (Suspension, transfer, exclusion and expulsion of students). Please refer to our behaviour management policy/charts which you can find on the school's website.
11. If the enrolment form application includes any wrong information, that will result in cancellation of the student's enrolment.
12. I will purchase the school's uniform in full for my child before the start of the school year, my child/ren will adhere to the school uniform policy at all times.
13. If my child/ren is/are in need for extra support in numeracy/literacy, I will organise external support required so my child/ren can catch up with the academic standard required.
14. I give consent for my child's photos to be used in all school publications.
15. I confirm that my child/children will attend school regularly and they will specifically be in school during Census dates in February and August so that the school can claim government funding on their behalf, otherwise, I will be liable to compensate the school for that payment.
16. I/We have provided all the information in this application form to the best of my knowledge.
17. I have read and understood school policies related to enrolment, behaviour and other related policies) published on the school website.

Parent/Guardian's Signature: _____

Date: _____

<p>I accept the above-mentioned student for entry to the school as stated above. Principal _____ Date _____</p>

Medical alert information form

The information collected will be held at the Islamic School of Canberra and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998 (Cwth).

Parents note that in the absence of a specific Plan Standard First Aid will be administered.

Student's Family Name: _____ Given Names: _____

Date of Birth: __ / __ / ____ Sex: M ☐ F ☐

Year Level: _____

Parent/Carer: _____

Address: _____ Suburb: _____ State: _____
Post Code: _____

Contact Telephone Number (Work place): _____

Home: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Please tick if your child suffers any of the following:

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches/
Migraines | <input type="checkbox"/> Sight/hearing
problems | <input type="checkbox"/> Sun screen
sensitivity |

Other: _____

Describe the signs or symptoms if you ticked a box above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes ☐

No ☐

If **Yes**, a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by the doctor.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the family doctor to provide a specific First Aid Plan.

Date of last tetanus injection: ____ / ____ / ____ (if any)

Is the student presently taking any medication? Yes ☐ No ☐

If Yes, please state name of medication, dosage, etc.: _____

Please inform the school of any changes to medication.

Parents must give written permission and directions for the administration of any medication.

In all cases, medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Also, I consent for my child to receive first aid treatment should there be a need. I authorize the school to call an ambulance if needed in case of emergency.

Yes ☐ No ☐

I/we also undertake to pay any costs which may be incurred for the medical treatment and ambulance transport.

Signature: Date: ____ / ____ / ____
(Father/Guardian/Carer)

Signature: Date: ____ / ____ / ____
(Mother/Guardian/Carer)

CONSENT FOR STUDENTS TO BE PHOTOGRAPHED

Our students take part in activities both inside and outside the school where there is potential for them to be photographed.

The purpose of this note is to clarify the circumstances under which you are happy for your child or children to have their photographs taken.

I consent to my child _____ being photographed under the following circumstances

(Please tick which apply):

- 1- I agree to my child's image appearing in the school newsletter.
- 2- I agree to my child's image appearing in the school website.
- 3- I agree to my child's image appearing in the school's annual yearbook.
- 4- I agree to my child's image appearing in the official school class photo.
- 5- I agree to my child's image appearing in external media. (Example: newspapers, magazines, television)

Name of Parent: _____

Signature: _____ Date: ____ / ____ / ____



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Islamic School of Canberra is bound by the Commonwealth Privacy Act 1988. The school is committed to upholding the principles in the Act and complying with the Privacy Act at all times. A full copy of the Islamic School of Canberra Privacy Policy is available on the Policies page on the school website and can be accessed by clicking [here](#).

ISC is mandated (will only) to use personal information only for the purposes for which it was given to us or for purposes which are related (or directly related in the case of sensitive information) to one or more of our functions or activities.

ISC will use the information provided only for enrolment and may share it with ACT State and Commonwealth Government agencies and other organisations authorised or required by law.

Information will be stored securely and confidentially. If you would like to access or correct any personal information, or, if you have any concerns about the collection, use or disclosure of personal information, you should contact the school on (02 62887358).

I hereby consent to ISC to disclose my details and information which I have provided to any authorised government agencies or required by law.

Name of Parent: _____

Signature: _____ Date: ____ / ____ / ____

