

Ph: 03 8742 1739  
Fax: 03 8742 1959  
Em: admin@icom.vic.edu.au  
Web: www.icom.vic.edu.au

# Islamic College Of Melbourne



ABN: 44 127 774 298

## Student Details Update

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

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

Gender:  Male  Female

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

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

Does your child have any special needs / disabilities / medical conditions? E.g. Allergies or asthma

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any behavioural problems such as ADHD or autism? Please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Father

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

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

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

Occupation: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

### Mother

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

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

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

Occupation: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

## **Emergency Contact Details**

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:

## **Publication of Student Work & Photographs**

In order to comply with Privacy Legislation, we need your permission for the Islamic College of Melbourne to 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*

Please sign below indicating your permission for Islamic College of Melbourne to publish your child's work or photograph as indicated above.

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