



Islamic College Of Melbourne

Enrolment Form 2024

OFFICE USE ONLY

Family Name: _____

Student Name: _____

Year Level of Entry: _____

SAP Enrolments: ☐ Yes ☐ No ☐ N/A

Date Received: _____

Enrolment Fee paid (Non-refundable and non-transferable): ☐ Yes ☐ No

Received By: _____

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:	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						
	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):		
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparent/s	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle
<input type="checkbox"/> Guardian	<input type="checkbox"/> Sister	<input type="checkbox"/> Other _____ (E.g. Custody / Visitation etc.)

3) RESIDENTIAL STATUS

Is your child an Aboriginal or a Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Main Language spoken at home:	Student's Nationality:
Country of Birth: _____ (If born in Australia, please proceed to Section 4)	
If born overseas, please indicate date of entry into Australia: _____ (A photocopy of an Australia citizen certificate, valid VISA or Passport must be attached)	
If applicable, name of the first school attended in Australia: _____	
Year of completion from this school: _____	
If applicable, is the student on a VISA or Refugee Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the type of VISA or Refugee Status:	Expiry Date:
Has the student attended an English Language School/Centre? <input type="checkbox"/> Yes (Please supply photocopy of school report) <input type="checkbox"/> No	
Name of English Language School/Centre: _____	
Year of completion from this school/centre: _____	

4) PARENTAL/GUARDIAN INFORMATION	
FATHER/GUARDIAN	MOTHER/GUARDIAN
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
An email must be entered as the College may contact you via email	
Religion:	Religion:
Main Language Spoken at Home:	Main Language Spoken at Home:
Country of Birth:	Country of Birth:
If born overseas, date of entry into Australia:	If born overseas, date of entry into Australia:
Visa No. (if applicable):	Visa No. (if applicable):
Ethnic Origin:	Ethnic Origin:
Nationality:	Nationality:
Name of Employer:	Name of Employer:
Business Address:	Business Address:
Occupation:	Occupation:
If Guardian, please state relationship to student:	If Guardian, please state relationship to student:

5) SUPPLEMENTARY ENROLMENT INFORMATION FOR NATIONAL REPORTING			
		Father/Guardian	Mother/Guardian
Highest level of primary or secondary school completed (Please Tick)	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"/>
Highest qualification completed (Please Tick)	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"/>
All sections must be completed as required by the Department of Education and Training. Failure to complete this section may result in a refusal to process the application			

6) PREVIOUS SCHOOL/KINDERGARTEN DETAILS

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 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 his/her enrolment? ☐ Yes ☐ No

If yes, please specify: _____

Does your child have any special needs? ☐ Yes ☐ No

If yes, please specify: _____

Does your child receive a disability allowance from Centrelink? ☐ Yes ☐ No

Was your child eligible for Commonwealth funding for special needs? ☐ Yes ☐ No

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: _____

8) GOVERNMENT FINANCIAL ASSISTANCE

Do you have a Centrelink Healthcare Card? ☐ Yes Please provide Card Number: _____ ☐ No

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

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?

☐ Eye sight

☐ Hearing loss

☐ Speech

☐ Physical Disability

☐ Diabetics

☐ Other, please specify: _____

Is your child receiving regular treatment/medication?

☐ Yes

☐ No

If 'yes', please specify: _____

Has your child been diagnosed with ADHD, ADD and/or Autism?

Yes

No

☐☐

If 'yes', please provide details: _____

Any medical condition must be clearly stated in the enrolment form. If parents fail to disclose this information to the College, including all relevant medical conditions, the College reserves the right to take action, up to and including cancellation of enrolment.

Parents must notify the College in writing of any changes to my child's medical conditions and details.

10) MEDICAL INFORMATION

Doctor's Name:

Clinic Phone No:

Address:

Medicare No:

Does your family have Medical Insurance?

☐ Yes

☐ No

Medical Insurance Company:

Membership 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 College to provide medical treatment and to contact an ambulance in an emergency. In such cases, I will be liable for any medical/ambulance fees.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

11) 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 child become ill at school and we are **UNABLE to contact you**:

Name of contact person (1):

Relationship to student:

Home Phone:

Business Phone:

Mobile Phone:

Name of contact person (2):

Relationship to student:

Home Phone:

Business Phone:

Mobile Phone:

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 of Brother/s and Sisters	Date of Birth	Year/Class

13) ACCOUNT INFORMATION

- I/We **take full responsibility** for the full payment of the 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.
- I/We understand that if our child is accepted, an acceptance fee and an interest free Student Enrolment Bond (SEB) deposit is to be paid upon confirmation of acceptance at the College. Failure to pay the acceptance fee along with the bond by the due date will result in the withdrawal of the acceptance offer.

The SEB is an interest free deposit of \$500 per student, up to a maximum of \$1000 per family, and will be refunded on written request, when a student leaves the Islamic College of Melbourne. This is subject to all financial commitments having been settled and the required notice of withdrawal being given. If not claimed within 6 months of a student leaving, the SEB will be transferred to the college's capital fund and deemed as a donation to the College.

- I/We understand that if we wish to utilise the College bus service, the bus fees for the term must also be paid in advance.
- I/We understand that 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 College's fee policy.
- I/We understand that if we wish to withdraw our child from the College, we will provide one full term's notice. Should we fail to abide by this, we shall be responsible to pay a full term's fees.
- I/We understand and accept that failure to pay the school fees on time will result in actions taken by the College up to and including termination of enrolment.

Signature of Father/Guardian :

Date:

Signature of Mother/Guardian :

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. If you do not require assistance, please proceed to Section 14.

Name:

Home Phone:

Business Phone:

Mobile Phone:

Address:

Signature:

Date:

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 students joining ICOM in Year 9 or later**
 - **Laptop will be given in transition week of my first year at school**
- That parents will pay for the laptop over four instalments as per the School Fees Policy
- To the conditions mentioned in the Student Laptop Policy
- That the laptop is for College purposes only and may be confiscated at any time if I breach the College policies and clauses of this agreement.
- That my child and myself need to comply with the policies set out by the College
- Should my child or I/We not comply with these policies, we understand that there are actions and consequences established up to and including cancellation of enrolment.
- That this Declaration will be binding for the duration of my child's enrolment at the Islamic College of Melbourne.

Signature of Father/Guardian :

Date:

Signature of Mother/Guardian :

Date:

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:

- College Newsletter
- College Magazine
- College Website
- College Prospectus
- College Brochures
- College Displays
- Local Newspaper
- College Facebook Page
- College Instagram Page
- All College Social Media Platforms

I _____ the parent/guardian of _____ give permission to publish my child's photograph, Art works etc. as indicated above.

Parent/Guardian Signature: _____ Date: _____

16) HOW DID YOU FIND OUT ABOUT THE COLLEGE?

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Local Mosque | <input type="checkbox"/> ICOM Website |
| <input type="checkbox"/> Family | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Word of Mouth |
| | | Other <input type="checkbox"/> |

17) STEPS OF ENROLMENT

Once this form and all documentation has been submitted, the following procedure will apply:

1. For parents who completed an enrolment form and submit it with all required documents on time, a placement test will be arranged.
2. Students applying to the Secondary Accelerated Program for Year 7, 8 or 9 will be required to sit for an external test. The student must pass the external test to be considered entry into the Secondary Accelerated Program. Students who do not pass the external test, will be considered for the mainstream class. The cost of the test is \$75+gst and must be paid directly by the parents to "EduTest".
3. Letter of confirmation or rejection of enrolment will be sent to the parents.
4. The college reserves the right to refuse any application for enrolment and is under no obligation to provide further explanation for its decision.
5. In conjunction with the Enrolment Coordinator, if accepted, the parent confirms the enrolment of my child.
6. If the student is accepted, parents must attend the "Parents Information Sessions", where the College's expectations are explained and both parents are asked to attend. Parents will receive links to relevant College's policies and procedures.

Attendance to the Parent Information Session is compulsory and is a condition for the enrolment to be accepted. Parents who do not attend will automatically lose my child's position at the College.
7. The student will be assigned a classroom.
8. An Orientation Day for Primary students and a Transition Week for Secondary students will be organised to familiarise the students with the school facilities. This is organised for students accepted for the following year.
9. Finally, the student will be introduced to the class teacher/s and classmates.
10. Ongoing enrolments is subject to parents/guardians completing the Re-enrolment form within the due date as shown on the form and paying the Re-enrolment fee by the due date. Failing to complete the form and make the payment on time will result in the cancellation of the student's enrolment at the College.

- *Be liable for payment of all costs resulting from damage caused by my children to the property of the College and associated parties. This includes damage to items such as computers, laptops, iPad's, books and equipment. Wilful damage will be regarded as vandalism and will be dealt with accordingly by the College*
- *Notify the College in writing of any changes of address or telephone numbers.*
- *Agree to a non-refundable Enrolment Fee whether or not my children is accepted by the College.*
- *Abide by the College's instructions regarding access to College grounds before, during and after school hours.*
- *Abide by the policies that the College may introduce concerning the safety of students.*
- *Abide by the rule that parents, guardians and carers must wear appropriate and modest attire around the College grounds at all times.*
- *Abide by the rule that the College is a total smoke-free zone.*
- *Not engage in vexatious communications relating to a staff member.*
- *Not behave in a 'disorderly, offensive, abusive, intimidating or threatening way' to staff.*
- *Not pose an 'unacceptable risk':*
 - *of harm to a member of the school community*
 - *of significant disruption to school operations*
 - *to the wellbeing, safety or learning of students.*
- *Not use any form of media to voice grievances about the College and/or discuss or mention the College, its staff or any members of the College community in a negative or defamatory way.*
- *Ensure that my/our children complies with the College's Technology and Social Media Policy*
- *Not post photographs of students in school uniform representing the College and its students if they have the potential to bring negative connotations towards the College and its staff and students.*
- *Understand and agree that the College staff have the right to search students' belongings, including school bags and lockers and confiscate any item/s which are not permitted to be on them or on College grounds.*
- *Understand that the College reserves the right to change College policies and procedures without notice.*
- *Understand and accept that this declaration and enrolment form will be binding for the duration of my child's enrolment at the Islamic College of Melbourne.*

I/We understand and agree that any violation of the items listed will trigger immediate action by the College up to and including termination of enrolment.

Signature of Father/Guardian :

Date:

Signature of Mother/Guardian :

Date:

19) CHECKLIST: *Please tick boxes once you have completed the following:*

- ☐ **I/We have completed and signed all sections of the Islamic College of Melbourne Enrolment Form**
- ☐ **Non-refundable, non-transferable enrolment fee of \$100 is enclosed**

I/We have attached a photocopy of:

- ☐ Birth Certificate
- ☐ Proof of residency (e.g. Australian passport, Australian citizenship certificate or Visa)
- ☐ Immunisation Certificates
- ☐ Previous School / Kindergarten Report
 - For Foundation enrolment applications: Kindergarten Details Form
 - For Year 1 to Year 12 enrolment applications: a copy of the latest Semester Report from the current school
- ☐ NAPLAN Result for Year 4, 6, 8 or 10 applications
- ☐ Evidence of Medical Record, if applicable
- ☐ Report from any Remedial Classes (e.g. Reading Recovery, Direct Instruction or Speech Pathologist), if applicable
- ☐ If there are any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/child, please provide a copy of any relevant current court order



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 of things upset your child?

Have there been any recent changes or events at home. For example: new sibling, new home, divorce, separation etc.

How would you rate your child's attitude towards school?

1 2 3 4 5 (super)

Do you have any concerns you would like to share? If so, please feel free to add any additional information you think would be helpful

Thank you!

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



Islamic College of Melbourne

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P.O. Box 8153
ABN 44 127 774 298



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 stage.

This section is to be completed by the child's parents/guardians

SECTION 1: CHILD'S DETAILS	
Family Name:	Given Name:
Residential Address:	
Suburb:	Postcode:
Date of Birth:	Gender: Male / Female

- 1) I understand and accept that by submitting this form, I give permission for the staff of the Islamic College of Melbourne to contact my child's kindergarten to obtain further information about him/her.
- 2) I understand and accept that by asking my child's kindergarten to complete this form, I give permission for the staff of my child's kindergarten mentioned to provide this information to the Islamic College of Melbourne.

Full Name of Parent/Guardian

Signature of Parent/Guardian

Date

Sections 2 and 3 are to be completed by your child's Kindergarten

SECTION 2: KINDERGARTEN PROGRAM DETAILS	
Name of Kindergarten Service:	
Service Approval Number:	
Sector (please tick)?	<input type="checkbox"/> Non- Government <input type="checkbox"/> Government
Address of Kindergarten:	
Suburb:	Postcode:
Phone:	Email:
Name of Educator Completing this Form:	
Position of Educator Completing this Form:	

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	Wednesday	Thursday	Friday
Full Day (please tick)					
Half Day (3 hours or less)					

Full Name of Educator

Signature of Educator

Date

Islamic College of Melbourne
83 Wootten Road,
Tarneit VIC 3029

PO Box 8153

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