



Expression of Interest for Year 1 to 12, 2020

# THIS IS NOT AN ENROLMENT FORM

If you are interested in enrolling your child for Year 1 to Year 12 in 2020, please complete this form. All students enrolling for Foundation in 2020 are to complete an enrolment form available on the college website or at the administration office. Completion of this form does not guarantee a position at the college. Should your child be shortlisted, the college will contact you and send you an enrolment form to complete.

<b>PERSONAL DETAILS OF STUDENT</b>												
Family Name:						Given Name:						
Application for Year:	1	2	3	4	5	6	7	8	9	10	11	12
Residential Address:												
Suburb:						Postcode:						
Date of Birth:						Gender: Male / Female						
Present School / Kindergarten: _____												
Year Level: _____												
How many years enrolled at present school: _____												
<input type="checkbox"/> I understand and have attached a photocopy of the latest semester school report (except for Year 1 enrolments)? (please tick box)												
Do you have a Centrelink Healthcare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No												

<b>PARENTAL/GUARDIAN INFORMATION</b>	
<b>FATHER/GUARDIAN</b>	<b>MOTHER/GUARDIAN</b>
Family Name:	Family Name:
Given Name:	Given Name:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:

- 1) I understand and accept that completion of this form does not guarantee my child a position at the college.
- 2) I understand and accept that my child's acceptance into the Islamic College of Melbourne is dependent on the results of the Entrance Placement Test, behaviour observed during the test and school report provided.
- 3) I understand and accept that the college reserves the right to offer my child a position at the college, place my child on the waiting list or reject my child depending on the information collated from the results and observation, without bias.
- 4) I understand that the college reserves the right to refuse any application for enrolment and is under no obligation to provide further explanation for its decision.

Father/Guardians Full Name	Father/Guardians Signature	Date

Mother/Guardians Full Name	Mother/Guardians Signature	Date

**Application Outcome:** Once this form and a copy of the Semester Report has been submitted, the college will contact you via email regarding the outcome of your application. Please provide a valid email address below. Please ensure the email is written clearly and in capital letters.

Email: 

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For further information please contact the Islamic College of Melbourne on 03 8742 1739.

Please return this completed form and Semester Report either;

- A. By email to: [enrolments@icom.vic.edu.au](mailto:enrolments@icom.vic.edu.au)
- B. By post to:
  - Administration Office
  - Islamic College of Melbourne
  - PO Box 8153
  - TARNEIT VIC 3029

- C. In person directly to the College's Administration Office.

**Office Use Only**

- 1) Does this child have siblings currently attending ICOM?     Yes     No
- 2) Was the latest Semester Report provided (except for Year 1 enrolments)?     Yes     No

3) Comments:

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Received by: \_\_\_\_\_ Date received: \_\_\_\_\_