



# Islamic College Of Melbourne

## Enrolment Form 2023

### 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: \_\_\_\_\_

## 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.**

## 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) 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: \_\_\_\_\_

## 15) 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"/>         |

## 16) 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 their child.
6. If the student is accepted, a meeting with the Principal or a delegate is arranged where the College's expectations are explained and both parents are asked to attend. Parent will receive copies of the College's Policies and Procedures and there is an opportunity for explanation and discussion of these documents.  
  
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 their 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.



## 17) POLICIES AND PROCEDURES

**THE ISLAMIC COLLEGE OF MELBOURNE HAS A ZERO TOLERANCE FOR ABUSE OR ABUSIVE LANGUAGE TOWARDS STAFF MEMBERS. APPROPRIATE ACTION WILL BE TAKEN IMMEDIATELY IN THE EVENT OF ANY SUCH ACTION UP TO AND INCLUDING TERMINATION OF ENROLMENT.**

The College will ensure that the information provided by parents/guardians will be kept confidential in accordance with the Commonwealth Privacy Act 1988 and the Victorian Privacy and Data Protection Act 2014.

The College may only disclose confidential or personal information as legally required to a third party. This may include Commonwealth and State government Departments, including the Department of Education & Training, the Department of Health and Human Services and/or Emergency Services.

The College reserves the right to refuse any application for enrolment and is under no obligation to provide further explanation for its decision.

I/We understand and agree to the Steps of Enrolment as mentioned in section 16 and extracted from the ICOM Enrolment Policy.

Upon enrolment at the Islamic College of Melbourne (ICOM) I/we agree to abide by **all the rules and regulations of the College including the specific rules and regulations as stated below.**

### **I/We shall:**

- *Actively support the ideals and values of the College as expressed in the College Mission Statement.*
- *Fully support the Religious Education Program offered by the College.*
- *Support participation of my/our child in activities considered by the College as a necessary part of the curriculum.*
- *Ensure that my/our child attends the College regularly and punctually.*
- *Abide by all the policies and procedures of the Islamic College of Melbourne.*
- *Abide by the College Behaviour Management Policy.*
- *Agree to the school fees and levies as set by the College Board, and to pay all fees/levies by the due date.*
- *Complete the Re-enrolment form and pay the re-enrolment fee annually by the due date. Failing to complete the form and make the payments on time will result in the cancellation of the student's enrolment at the College.*
- *Provide one full terms notice should I/we wish to withdraw my/our child from the college. If one full terms notice is not received, I/we will be liable to pay one full terms school fees for the following term.*
- *Notify the College in writing of any changes of address or telephone numbers.*
- *Agree to a non-refundable Enrolment Fee whether or not my child 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 Social Media to voice grievances about the College and discuss or mention the College, its staff or any members of the College community in a negative or defamatory way.*
- *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.*
- *Abide by the rule that in the case my children are not picked up on time after school, I will be required to pay a fine as decided by the College.*

**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:

**18) 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/children, please provide a copy of any relevant current court order

**Islamic College of Melbourne**  
**83 Wootten Road,**  
**Tarneit VIC 3029**

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**PO Box 8153**

**Tarneit VIC 3029**

**Phone:** (03) 8742 1739

**Email:** [enrolments@icom.vic.edu.au](mailto:enrolments@icom.vic.edu.au)

**Fax:** (03) 8742 1959

**Web:** [www.icom.vic.edu.au](http://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](mailto:receivables@icom.vic.edu.au)







## 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**

<b>SECTION 1: CHILD'S DETAILS</b>	
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**

<b>SECTION 2: KINDERGARTEN PROGRAM DETAILS</b>	
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:	

<b>SECTION 3: KINDERGARTEN INFORMATION</b>					
Person to contact for further information on this child:					
Phone:			Email:		
Program Commencement Date:			Program End Date:		
<b>Session Details:</b>	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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