



Expression of Interest for Year 7 to 12, 2025

THIS IS NOT AN ENROLMENT FORM

If you are interested in enrolling your child for Year 7 to Year 12 in 2025, please complete this form. Completion of this form does not guarantee a position at the college. Should your child be shortlisted, only then will the college contact you and send you an enrolment form to complete.

PERSONAL DETAILS OF STUDENT															
Family Name:	Given Name:														
Application for Year level (Please tick):															
Secondary: <table border="0"> <tr> <td><input type="checkbox"/> Year 7</td> <td><input type="checkbox"/> Year 7 SAP (Secondary Accelerated Program)</td> </tr> <tr> <td><input type="checkbox"/> Year 8</td> <td><input type="checkbox"/> Year 8 SAP (Secondary Accelerated Program)</td> </tr> <tr> <td><input type="checkbox"/> Year 9</td> <td><input type="checkbox"/> Year 9 SAP (Secondary Accelerated Program)</td> </tr> <tr> <td><input type="checkbox"/> Year 10 Mainstream</td> <td><input type="checkbox"/> Year 10 Mainstream/Diploma of Islamic Leadership</td> </tr> <tr> <td><input type="checkbox"/> Year 10 SAP Pre IB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year 11 VCE</td> <td><input type="checkbox"/> Year 11 IB (International Baccalaureate)</td> </tr> <tr> <td><input type="checkbox"/> Year 12 VCE</td> <td><input type="checkbox"/> Year 12 IB (International Baccalaureate)</td> </tr> </table>		<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 7 SAP (Secondary Accelerated Program)	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 8 SAP (Secondary Accelerated Program)	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 9 SAP (Secondary Accelerated Program)	<input type="checkbox"/> Year 10 Mainstream	<input type="checkbox"/> Year 10 Mainstream/Diploma of Islamic Leadership	<input type="checkbox"/> Year 10 SAP Pre IB		<input type="checkbox"/> Year 11 VCE	<input type="checkbox"/> Year 11 IB (International Baccalaureate)	<input type="checkbox"/> Year 12 VCE	<input type="checkbox"/> Year 12 IB (International Baccalaureate)
<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 7 SAP (Secondary Accelerated Program)														
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<input type="checkbox"/> Year 11 VCE	<input type="checkbox"/> Year 11 IB (International Baccalaureate)														
<input type="checkbox"/> Year 12 VCE	<input type="checkbox"/> Year 12 IB (International Baccalaureate)														
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? (Please tick box)															
Do you have a Centrelink Healthcare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No															

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:										
Email:										Email:										

PARENTAL/GUARDIAN AGREEMENT

- 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 I will only be contacted by the college to submit and enrolment form when there is a vacancy, and that the Expression of Interest form needs to be updated annually with the latest school report.**
- 3) 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.
- 4) 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.
- 5) 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

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

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?

Yes

No

☐
☐

3) Comments: _____

Received by: _____ Date received: _____