



# Enrolment Application

Australian Islamic College of Sydney

33 Headcorn Street, Mout Druitt, NSW 2770

[enrolment@aics.nsw.edu.au](mailto:enrolment@aics.nsw.edu.au)

02 9677 2613

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### Office Use Only

Form is completely filled and readable	All documents are provided
Application Receiving date:	
Receiving officer Name	Receiving officer Signature
Comments:	

### Student Details

*Please fill this form as clearly as you can*

#### A. Student Details

Was this student enrolled previously at AICS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Name		
Middle Name		
Last Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: __/__/____	
Into what year level are you seeking to enroll this student	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Intended start date: __/__/____		
Student's mobile phone number (if applicable) : _____		

#### Sibling's attending AICS

**Does this student have any brothers or sisters currently, or previously, enrolled at AICS?**  Yes  No  
If Yes, please provide details of the most recently enrolled brother or sister.

First Name	Last Name	Gender	Year	Class	Date of birth

#### Indigenous Identifier

Is the student of Aboriginal or Torres Strait Islander Origin?

No  Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

#### Languages other than English spoken at home

Does the Student speak a language other than English at Home?  No, English only  Yes

If **YES**, please specify the language (e.g. Urdu)

Main Language other than English spoken at home by the student:	
Other Language spoken at home:	

<b>Country of Birth:</b>			
What is the country of birth of the student seeking enrolment?			
<b>Students Residency Status</b>			
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Others (please specify here): _____			
A student born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the student was born. To determine the student's residency status, refer to the Proof of Identity and Residency Status policy on the Department of Education's website.			
If born overseas, on what date did the student arrive in Australia?		___/___/_____	
For Australian born citizens, living abroad for more than two years, please state the date the student returned to Australia		___/___/_____	
If the student is a permanent or other visa holder, please provide the following information			
Current visa sub-class ___		Visa Expiry Date: ___/___/_____	
<b>Previous Schools</b>			
Please provide details of any school where the student has previously been enrolled (NSW, interstate, overseas)			
Name of the school last attended:			
Address of the school last attended(suburb/state/country):			
Period of attendance(dd/mm/yyyy): from ___/___/_____ - to - ___/___/_____			
<b>Kindergarten students</b>			
In the year before school, has the student been in non-parental care on a regular basis and/or attended any other educational programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please indicate any of the following that apply(ies)			
<input type="checkbox"/> Preschool	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode
<input type="checkbox"/> Long Day Care with a preschool program	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode
<input type="checkbox"/> Long Day Care without a preschool program	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode
<input type="checkbox"/> Other formal or informal care	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	Postcode
<b>Preschools</b> usually operate on school days and in school terms, and provide structured early learning to children in the year or two before school.			
<b>Long day care services</b> offer all-day care for most of the year for children aged 0 to 6. They may also offer 'preschool programs' specifically for children in the year or two before school.			
<b>Name of preschool/long day care service</b>			

B. Contact Details		
Parent/Legal Guardian Contact Details with whom this student normally lives		
<i>If applicable, copies of any relevant family law or other court orders must be provided.</i>		
Details	Father/Legal guardian	Mother/Legal guardian
Title		
First Name		
Middle Name		
Last Name		
Contact Methods		
Address		
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
Please specify FEE PAYER PARENT/CARER (Father/Mother/Legal guardian)		
Email address to be used for financial correspondence		
Occupation		
Occupation Group	Father/Legal guardian	Mother/Legal guardian
(Refer to insert "List of Parental Occupations")	<input type="checkbox"/> Group 1 (Senior Management in large business organisation, government administration and defence, and qualified professional)	<input type="checkbox"/> Group 1 (Senior Management in large business organisation, government administration and defence, and qualified professional)
	<input type="checkbox"/> Group 2 (Other business manager, arts/media/sportsperson and associate professional)	<input type="checkbox"/> Group 2 (Other business manager, arts/media/sportsperson and associate professional)
	<input type="checkbox"/> Group 3 (Tradesman/woman, clerk and skilled office, sales and service staff)	<input type="checkbox"/> Group 3 (Tradesman/woman, clerk and skilled office, sales and service staff)
	<input type="checkbox"/> Group 4 (Machine operator, hospitality staff, assistant, labourers and related worker)	<input type="checkbox"/> Group 4 (Machine operator, hospitality staff, assistant, labourers and related worker)
Country of birth		
Nationality		
Ethnic Origin		
Religion		
School Education		
Highest Year of School Education	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Educational Qualifications		

Level of Highest Qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification
<b>Languages other than English spoken at home</b>		
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please list 1. 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please list 1. 2.

<b>C. Parents/Carer with whom this student normally lives</b>	
<b>Name to be used for all correspondence ( e.g. Mr &amp; Mrs AD, Ms Z)</b>	
<b>Residential Address</b>	
<b>Is this the residential address of the student to be enrolled?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Correspondence address</b>	
<b>If the school needs to contact a parent/carers, please specify, in order of preference, who to contact</b>	
If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).	
<b>Name of the PARENT/CARER to contact FIRST</b>	
<b>Name of the PARENT/CARER to contact SECOND</b>	

**D. Contact Details****Parent/Legal Guardian NOT living with this student***If applicable, copies of any relevant family law or other court orders must be provided.*

<b>Relationship to student</b>		
First Name		
Middle Name		
Last Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential Address		
Does the student sometimes reside at this address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Correspondence Address		
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
<b>Occupation</b>		
<b>Occupation Group</b>		
(Refer to insert "List of Parental Occupations")	<input type="checkbox"/> Group 1 (Senior Management in large business organisation, government administration and defence, and qualified professional)	
	<input type="checkbox"/> Group 2 (Other business manager, arts/media/sportsperson and associate professional)	
	<input type="checkbox"/> Group 3 (Tradesman/woman, clerk and skilled office, sales and service staff)	
	<input type="checkbox"/> Group 4 (Machine operator, hospitality staff, assistant, labourers and related worker)	
Country of birth		
Nationality		
Ethnic Origin		
Religion		
<b>School Education</b>		
Highest Year of School Education	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent below	<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or
<b>Higher Educational Qualifications</b>		
Level of Highest Qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Certificate I to IV (incl trade cert)	<input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> No non-school qualification
<b>Languages other than English spoken at home</b>		
Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> 1.	No <input type="checkbox"/> If 'Yes' please list 2.

## E. Emergency Contact Details

Details	Emergency preference 1	Emergency Preference 2
Relationship to student		
First Name		
Middle Name		
Last Name		
Address		
If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).		
Home Phone Number		
Work Phone Number		
Mobile		
Comments		

## F. Special Circumstances

**Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?**

(eg living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care).

Yes  No

If yes, please provide a brief description of the circumstances. Write in the spaces below.

## G. Students with additional learning and support needs, including disability

**Does the student require support for learning because of disability?** Yes  No

Legislation and NSW Department of Education policy recognise that adjustments may be required for students with special needs, including students with disability, so that they can participate at school. School personnel and parents work together to identify the adjustments that may be needed to meet the student's learning and support needs.

**Is there anything that you do or practice at home that may help us at school to meet the student's educational needs?** Yes  No

If yes, please specify here;

**Please indicate any learning adjustments that may be required to allow the student to participate at school (complete only if applicable)**

changes to learning programs and/or teaching strategies

communication, eg speaking and/or listening

modification to equipment, furniture, learning spaces and/or learning materials

support for personal care needs, eg hygiene, mealtimes and/or health care needs social



<input type="checkbox"/> support to engage safely with other children and teachers		
<input type="checkbox"/> other (Please specify)		
<b>Please indicate if the student has any of the following</b>		
<input type="checkbox"/> physical disability	<input type="checkbox"/> intellectual disability	<input type="checkbox"/> behaviour disorder
<input type="checkbox"/> mental health disorder	<input type="checkbox"/> a vision impairment	<input type="checkbox"/> a hearing impairment
<input type="checkbox"/> a language disorder	<input type="checkbox"/> autism	<input type="checkbox"/> acquired brain injury
<input type="checkbox"/> difficulties in learning	<input type="checkbox"/> other (please specify)	
<b>Has any previous education provider prepared a documented plan to support the student's additional learning needs?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify here)		

## H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

**Note:** Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medicare number:	Student's Medicare card reference number:
Medicare Valid to date	___/___/___
Doctor's name/medical centre	
Doctor's address	
Doctor's phone number	

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.*

Allergy / medical condition	Doctor's name	Address	Telephone

**If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.**

### FURTHER DETAILS ON MEDICAL CONDITIONS AND/OR ALLERGIES (IF APPLICABLE)

**ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.**

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

<b>Allergy to</b>	
<b>1. Has a doctor diagnosed this allergy?</b>	<b>2. Is this a severe allergy (anaphylaxis)?</b>
Anaphylaxis is a severe, potentially life-threatening, allergic reaction.	
<b>3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?</b>	
<b>4. If yes, which hospital?</b>	
<b>5. Does your child have an ASCIA Action Plan for Anaphylaxis?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>6. If yes, is this plan attached?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>7. Has your child been prescribed an adrenaline auto injector (ie EpiPen®)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your child has been prescribed an adrenaline auto injector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the school.

8. What is the expiry date of the adrenaline auto injector that will be provided to the school? ___/___/_____	
<i>If not known at the time of completing this form, the school will require this information on enrolment.</i>	
9. Does your child have an ASCIA Action Plan for Allergic Reactions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
10. If yes, is this plan attached? <input type="checkbox"/> No <input type="checkbox"/> Yes	
It is important that any updated plan is provided to the school.	
11. Please list any other medication prescribed for this allergy	
<p><b>The school will require further details in relation to prescribed medication on enrolment.</b></p> <p><b>Parents of children who require their child to be administered prescribed medication at school must complete a written request.</b></p>	
<p><b>MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)</b></p>	
Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).	
<b>Medical condition</b>	
1. Has a doctor diagnosed this condition?	
2. Has your child been hospitalised with this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
3. If yes, which hospital?	
4. Does your child have a documented action plan from a doctor (eg asthma action plan)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. If yes, is this plan attached?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
6. Is your child taking prescribed medication for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes, what is the prescribed medication?	

**The school will require further details in relation to prescribed medication on enrolment.**

**Parents of children who require their child to be administered prescribed medication at school must complete a written request.**

## I. Student's history relevant to risk assessment

The NSW Department of Education has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide schools with information that will help facilitate the smooth transition of the student into this specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help ensure the safety of this student, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history not listed in Section H) which might pose a risk of any type to this student, other students, or staff at this school?

Yes  No

If yes, please provide a brief description of the student's medical or other history, which might pose a risk of any type to him or her, other students, or staff at this school.

**Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.**

**Does the student have any history of violent behaviour?** Yes No

If yes, please provide details.

**Has the student ever been suspended or expelled from any previous school?** Yes No

If yes, was this for:

Actual violence to any person? Yes No

Possession of a weapon or any item used to cause harm or injury? Yes No

Threats of violence or intimidation of staff, students, or others at the school? Yes No

Illegal drugs? Yes No

Are you aware of any other incidents of the kind listed above in which the student has been involved outside of the school setting? Yes No

If yes, please provide a brief outline of these incidents.

## Personal information, consent, and declaration of accuracy

The personal information collected on this application is for purposes directly related to your child's education including processing this application.

Any information provided to the AICS will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the school.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the school or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a AICS, and how we protect your privacy, is available on the college's website.

### Publishing student information

The school may publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

1. Public website of the school, the intranet, blogs and wikis
2. Publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the intranet, social media and website.
3. School social media accounts on networks, which may include school's YouTube, Facebook and Twitter pages.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information

### Permission to publish

I have read the information about publishing student information (above) and

I give permission  I do not give permission

for the school to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

### Online services

The College provides students with filtered access to the Internet. Students also have access to a secure learning portal. After logging into their portal, students have access to a personalised email account and online applications. These resources enable students to collaborate with peers, publish online, and securely store their data for access within, or outside of, school.

When accessing some online services, data, including your child's name and files they have saved, are stored within a third party service provider in a location outside of the School's network. The college is working closely with our vendors to assess privacy impacts and data security controls.

I give permission  I do not give permission

For my child to have access to online services provided by the school. This permission remains effective until I advise the school otherwise.

### Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed in Section A of this application form.

I consent to the school seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this application, to provide the school with information about any condition that has been identified in this application. This may include any other aspects of the student's health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school

## Enrolment Declaration

Application for enrolment of your child at AICS means that you are choosing a private education (within the independent sector). It requires your commitment to support the Islamic ethos, values and aims of the College and a willingness to co-operate in the implementation of policies and procedures. Specifically it means:

- That your child will learn Arabic, Islamic Studies and Quran and participate in daily prayers.
- Islamic values are emphasised
- Academic excellence and the acquisition of skills are promoted within an Islamic framework

Your child is expected to adhere to the school's standards for:

- behaviour, dress and self-discipline,
- application to course work and study,
- participation in school activities.

Your co-operation is essential to assist your child attain these goals. Parents are expected to participate in school events and or activities including: Parent/Teacher interviews and special assemblies.

Each person signing below agrees:

- I. I agree to adhere to the policies, procedures and any guidelines determined by the College.
- II. I agree to pay all school fees, building funds, levies and charges incurred while my child is enrolled. All school fees are to be paid at the beginning of each term.
- III. I understand that school fees, building funds & other levies are not refundable if student leaves the school during the academic year.
- IV. I acknowledge that false, misleading or incomplete information on this form may entitle the College to cancel my child's enrolment.
- V. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes)
  - Birth certificate
  - Citizenship documentation (where applicable)
  - Most recent previous school reports and any external test results (where applicable)
  - Relevant Family Court Orders (where applicable)
  - Relevant medical and or special needs information including clinical/educational assessments (where applicable)
  - Immunisation certificate (primary school applications only)
- VI. I/we understand that if this application is successful the information that I/we provide must be kept up to date throughout the period of enrolment.
- VII. I/we have included the application fee of \$50 with this application for enrolment and I/we understand that this money is non-refundable if the application is unsuccessful.
- VIII. I/we have read all of the information in the enrolment package and understand the policies that we will need to abide by should this enrolment application be successful. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.
- IX. I/we have read and understood all the policies located under <http://www.aics.nsw.edu.au/policies/> and shall adhere with the best of my ability.

**Signature** \_\_\_\_\_ (Father / Carer) \_\_\_\_\_ (Mother / Carer)

**Date** \_\_\_\_\_

**Parent occupation groups**

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool. You will need to use this table to complete the 'Occupation Group' section. The four groups listed here are used by the Australian Bureau of Statistics to classify occupations. Please choose the group (1, 2, 3, or 4) that you think best describes your occupation. If you have retired or stopped work in the past 12 months, choose the group in which you used to work.

#### Group 1

- Senior executive/manager/department head in industry, commerce, media or other large organisation.
- Public service manager (Section head or above), regional director, health/education/police/fire services administrator
- Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- Defence Forces Commissioned Officer
- Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

#### Group 2

- Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
- Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals.
- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
- Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
- Defence Forces senior Non-Commissioned Officer

#### Group 3

- Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
- Skilled office, sales and service staff.
- Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
- Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

#### Group 4

- Drivers, mobile plant, production/processing machinery and other machinery operators.
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
- Office assistants, sales assistants and other assistants.
- Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
- Defence Forces ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

### Fees and costs involved.

AICS charges an application fee (non-refundable) of **\$50**. This is to be paid at the time of **submitting your application** for enrolment.

Parents should expect to pay the first term's tuition fee upfront. AICS also offers discount (up to 5%) if you're able to pay a full year's fees in advance. Discounts are often given when siblings attend the same school, with the size of the discount increasing for each additional child you enrol.

AICS emphasise a student's all-rounded development, there may be a range of required, elective or voluntary activities that attract additional on-going costs.

Certain costs are compulsory, for example, building fund, e-book and curriculum, school may charge a technology fee for providing an approved laptop or tablet; while other charges are optional, such as costs for uniforms, camps, excursions, and extra-curricular sports activities or music tuition.

Further breakdown of the compulsory fee for year 2017 is as follows;

#### **Kindergarten – Year 6**

<b>Child</b>	<b>Per term</b>	<b>Per year</b>
1st	\$375.00	\$1,500.00
2nd	\$315.00	\$1,260.00
3rd	\$285.00	\$1,140.00
4th child onwards	\$255.00	\$1,020.00
Curriculum for Kindy	-	\$100.00
Curriculum for year 1-6	-	\$106.00

#### **Year Seven – Year Twelve**

<b>Child</b>	<b>Per term</b>	<b>Per year</b>
1st	\$445.00	\$1,780.00
2nd	\$385.00	\$1,540.00
3rd	\$355.00	\$1,420.00
4th child onwards	\$325.00	\$1,300.00
Building fund	-	\$125.00
e-book	-	\$100.00

**\*All fee & other costs are subject to review annually.**

#### **Payment Methods:**

School is offering multiple methods to pay the school dues including;

- A. B Pay (including credit cards)
- B. Direct Debit
- C. Direct Deposit
- D. EFT at counter or over the phone.
- E. and Cash (\$15 cash handling fee applied)

AICS encourages online payment mode, however EFT at counter and Cash is also available but an **additional \$15 applies as an cash handling fee from 1<sup>st</sup> January, 2018.**



## Office Use Only

<input type="checkbox"/> Alumni		<input type="checkbox"/> New enrolment	
<input type="checkbox"/> Primary School		<input type="checkbox"/> Secondary School	
Date of enrolment at school: ___/___/_____		Student enrolled in (K-12) <input type="checkbox"/> <input type="checkbox"/>	
Student enrolment in AICS system: ___/___/_____		<input type="checkbox"/> Alumni Transfer to enrolment <input type="checkbox"/> New Entry	
Alumni student number:		New student number issued:	
Family Group #		Roll Class (eg Ahmad, 10E)	
Name of Legal care Provider			
<b>Record of evidence supplied</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Original documents <b><i>must be sighted and photocopied.</i></b> Student Identity (name & age eg birth certificate, passport etc) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Citizenship documentation (where applicable) <input type="checkbox"/> Most recent previous school reports and any external test results (where applicable)		<b>Residential address</b> (eg rates notice, rental agreements, electricity accounts etc)	
In addition, for students who are not Australian citizens, more information is required.			
Passport or travel documentation no.		Country of Issue	
Current visa sub-class (if applicable)		Previous visa sub-class(if applicable)	
Medical / emergency plans sighted and copied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disability or other support needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACIR Immunisation Statements sighted, , and a copy retained, for students enrolled in a NSW Government primary school for the first time <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, ACIR Immunisation History statement indicates immunisation status    <input type="checkbox"/>Yes    <input type="checkbox"/>No</i>	
Any family law, AVOs or other relevant court order sighted and copied <input type="checkbox"/> Yes <input type="checkbox"/> No		For parent not living with student <input type="checkbox"/> Shared Parental responsibility <input type="checkbox"/> Receive academic report	
Comments:			
Date of correspondence with parent/carer			
Acknowledgement date from parent/carer			
Interview schedule date 1			
Interview schedule date 2			

## Interview Check List

Enrolment interview conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special circumstances, additional support needs and student history assessed? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required
Risk assessment required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, risk assessment conducted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Is personalised learning and support required for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Consultation with parents/carers conducted
Planning to personalise learning and support completed? <input type="checkbox"/> Yes <input type="checkbox"/> Not Required	Behaviour Management Plan (violence) developed?* <input type="checkbox"/> Yes <input type="checkbox"/> Not Required
Behaviour Management Plan (other) developed?* <input type="checkbox"/> Yes <input type="checkbox"/> Not Required	Individual Health Care Plan developed?*
Emergency response plan developed? ** <input type="checkbox"/> Yes <input type="checkbox"/> Not Required	Communication of documented provision/s and plan/s to relevant staff? <input type="checkbox"/> Yes <input type="checkbox"/> No

*\* It may be necessary to defer the finalisation of enrolment until this action has been taken. This may require development of an interim plan until all relevant medical or other information has been obtained. Consideration must be given to all special needs when developing behaviour management or health care plans. Any deferral should be no more than reasonably necessary to collect the required information.*

*An emergency response plan must be included in the student's individual health care plan where the student is diagnosed at risk of a medical emergency.*

*\*\* Where a student has been diagnosed at risk of anaphylaxis the emergency response plan will be the ASCIA Action Plan for Anaphylaxis, which will be provided by the parent, completed and signed by the treating doctor.*

## Interview outcome

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<input type="checkbox"/> <b>Attach Teacher interview Reports</b>	<input type="checkbox"/> <b>Attach Test Results</b>
<b>Sign by Teacher (interviewer)</b>	<b>Sign by Asst. Principal</b>

## Principal's Note

On the basis of information provided on this form and gained from the required assessment

I accept, or       I decline this application to enroll

Comments:

Signature of Principal

Name	Date:
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## For Enrolment office only

Date of correspondence with parents:

Application Status:  Successful       Unsuccessful

In case of unsuccessful, please describe the reason in detail.

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Transfer to student date	
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Name of Enrolment officer	Signature	Date:
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# Important information

## The AICS Board

The AICS Board continues to commit itself to the overall improvement of facilities at the College as well as working with the Principal to ensure that educational standards are met and that the religious ethos is maintained. The Board has allocated the necessary funds to improve the IT infrastructure, recreational facilities for students and the ongoing maintenance of buildings.

The AICS Board maintains healthy communications with the community to ensure that their voices are heard and makes decisions based on sound information.

The AICS Board is committed to a vision of continuous improvement of the College to best serve the families who choose the AICS as the preferred school for their children.

**School policies and procedures are located at the website (<http://www.aics.nsw.edu.au/policies/>).**

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1. AICS Anti Bullying Policy
2. AICS Community Grievance Procedures
3. AICS Complaints Policy
4. AICS Enrolment Policy
5. Student Behaviour Management Policy Secondary School
6. Student Behaviour Management Policy Primary School

All forms can be downloaded from college website (<http://www.aics.nsw.edu.au/forms/>)

## **\*\*Things to remember\*\***

- All fee must be paid upfront within the **first two weeks** of the term.
- College prefers the fee to be paid through BPay.
- School terms information is available at website.
- Newsletter is published every three weeks on the website.
- Office timings during school terms are
  - 8:00 am to 4:30 pm (Monday to Friday)
- Office timings during terms break are
  - 9:00 am to 3:00 pm (Monday to Friday)
- College encourages green planet policy; all correspondence will preferably be sent via email.
- Please inform us in writing ASAP if there is any change in information provided to the college at the time of enrolment.
- It is mandatory to attend parent teacher interview
- All visits are subject to prior appointments
- College is not responsible for any loss or theft of any personal belongings.
- Punctuality must be adhered.



**I INSIST YOU TO STRIVE. WORK, WORK AND ONLY  
WORK FOR SATISFACTION WITH PATIENCE,  
HUMBLENESS AND SERVE THY NATION.  
(MUHAMMAD ALI)**



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