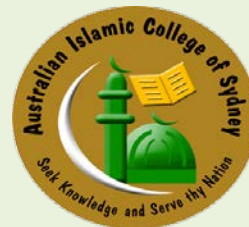


Australian Islamic College of Sydney

Pre-Enrolment Application form



33 Headcorn street, Mount Druitt, NSW 2770. | enrolment@aics.nsw.edu.au | 02 9677 2613

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 previously enrolled 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 enrol 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: ____/____/____	
Previous School:	

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	Class	Date of birth
				____/____/____

Students Residency Status

☐ Australian Citizen ☐ New Zealand Citizen ☐ Australian Permanent Resident ☐ Others (please specify here): _____

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B. Contact Details

Parent/Legal Guardian living with this student

If applicable, copies of any relevant family law or other court orders must be provided.

Relationship to student	
First Name	
Middle Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Residential Address	
Correspondence Address	
Email Address	
Mobile	

You must attach copies of the following documents:

- ☐ Birth certificate
- ☐ Citizenship documentation (where applicable)
- ☐ Relevant Family Court Orders (where applicable)
- ☐ Immunisation certificate (primary school applications only)
- ☐ Relevant medical and or special needs information including clinical/educational assessments (where applicable)
- ☐ Most recent previous school reports and any external test results (where applicable)

Declaration

Pre-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.

Each person signing below agrees:

- I. 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 in the first two weeks of each term and it is non-refundable.
- II. 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.
- III. 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.
- IV. 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.
- V. 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 _____

➤ *What's Next: Upon approval of this application; please fill the Enrolment Application*