



AL HIKMA COLLEGE

WISDOM | KNOWLEDGE | CHARACTER

www.alhikma.nsw.edu.au

291 Haldon Street, Lakemba, NSW, 2195

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ENROLMENT FORM

STUDENT INFORMATION

First Name				Last Name						
Middle Name/s				Preferred Name						
Date of Birth	/	/		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Is your child: (Please tick Yes or No from the following)										
an Australian citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
a permanent resident of Australia?				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
an ATSI (Aboriginal and/or Torres Strait Islander)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
an overseas student?				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
other (please specify):										
Country of Birth				Main Language						
Country of Citizenship				Second Language						
Year of entry	20	Grade	K	1	2	3	4	5	6	
NB: Students applying for Kindergarten should be at least 5 years old by the 31st of July in the year of entry.										
If your child is entering Kindergarten, please answer the following questions:										
Does your child attend a childcare centre?				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If yes, which childcare centre?										
How long have they attended?				Years			Months			
How many days per week do they attend?				1	2	3	4	5		

STUDENT MEDICAL & WELLBEING INFORMATION			
Does your child suffer from:			
hearing or eyesight difficulties?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
heart, blood or kidney conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
physical or intellectual disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
asthma or emphysema?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
any allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
developmental disabilities such as Autism, ADHD, ADD?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	
NB: If your child has any medical conditions that require an action plan, please attach it to this form.			
Are you aware of any social, emotional, intellectual or any special needs which may impact your child's learning ability at school?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please specify			
Are there any other medical conditions, including any daily medication necessary for your child?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please specify			
NB: Failure to disclose any relevant information may result in cancellation of enrolment at the College.			

SCHOOL CONNECTIONS						
<i>If applicable, please complete the appropriate sections below:</i>						
Has your child attended a previous school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify						
Do you have any other children who are attending or have attended Al Hikma College in the past or present?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify below:						
NAME	GRADE	CURRENT STUDENT	ENROLLED	NOT ENROLLED	PREVIOUSLY ATTENDED	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PARENT INFORMATION					
FATHER'S DETAILS					
Title		Given Name/s		Last Name	
Home Address					
Email Address					
Mobile Number			Home Number		
Occupation					
Employer's Name					
Work Number					
SCHOOLING EDUCATION (TICK ONE)			TERTIARY QUALIFICATION (TICK ONE)		
Year 12 or equivalent		<input type="checkbox"/>	Bachelor degree or above		<input type="checkbox"/>
Year 11 or equivalent		<input type="checkbox"/>	Advanced diploma/Diploma		<input type="checkbox"/>
Year 10 or equivalent		<input type="checkbox"/>	Certificate I to IV (Includes a trade cert)		<input type="checkbox"/>
Year 9 or equivalent or below		<input type="checkbox"/>	No non-school qualification		<input type="checkbox"/>
Main language spoken at home			Second language spoken at home		
MOTHER'S DETAILS					
Title		Given Name/s		Last Name	
Home Address					
Email Address					
Mobile Number			Home Number		
Occupation					
Employer's Name					
Work Number					
SCHOOLING EDUCATION (TICK ONLY ONE)			TERTIARY QUALIFICATION (TICK ONLY ONE)		
Year 12 or equivalent		<input type="checkbox"/>	Bachelor degree or above		<input type="checkbox"/>
Year 11 or equivalent		<input type="checkbox"/>	Advanced diploma/Diploma		<input type="checkbox"/>
Year 10 or equivalent		<input type="checkbox"/>	Certificate I to IV (Includes a trade cert)		<input type="checkbox"/>
Year 9 or equivalent or below		<input type="checkbox"/>	No non-school qualification		<input type="checkbox"/>
Main language spoken at home			Second language spoken at home		
The child lives with:		Both parents <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	
First parent to contact should the need arise:			Father <input type="checkbox"/>	Mother <input type="checkbox"/>	

EMERGENCY CONTACT INFORMATION					
Title		Given Name		Last Name	
Home Address				Mobile Number	
				Home Number	
				Work Number	
Relationship to the child					

GUARDIAN INFORMATION					
NB: Only complete this section if you are the legal guardian of the child applying for enrolment.					
Title		Given Name		Last Name	
Home Address					
Email Address					
Mobile Number			Home Number		
Occupation					
Employer's Name					
Work Phone Number					
SCHOOLING EDUCATION (TICK ONLY ONE)			TERTIARY QUALIFICATION (TICK ONLY ONE)		
Year 12 or equivalent		<input type="checkbox"/>	Bachelor degree or above		<input type="checkbox"/>
Year 11 or equivalent		<input type="checkbox"/>	Advanced diploma/Diploma		<input type="checkbox"/>
Year 10 or equivalent		<input type="checkbox"/>	Certificate I to IV (Includes a trade cert)		<input type="checkbox"/>
Year 9 or equivalent or below		<input type="checkbox"/>	No non-school qualification		<input type="checkbox"/>
Main language spoken at home				Second language spoken at home	
Who does the child lives with:					

HOW DID YOU HEAR ABOUT US?			
Internet Search	<input type="checkbox"/>	Event – Please Specify	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>		
Word of Mouth	<input type="checkbox"/>	Other – Please Specify	<input type="checkbox"/>
Existing Parent at the College	<input type="checkbox"/>		

PROVIDE THE FOLLOWING

COMPULSORY	WHERE APPLICABLE
<input type="checkbox"/> Completed enrolment form	<input type="checkbox"/> School reports (two most recent)
<input type="checkbox"/> Original birth certificate	<input type="checkbox"/> Medical documents/Action Plan
<input type="checkbox"/> Immunisation records and documentation	<input type="checkbox"/> NAPLAN (if applying for Years 3 to 6)
<input type="checkbox"/> Evidence of residency (Australian Citizenship Certificate or Australian	<input type="checkbox"/> Visa Grant Notice/Status
<input type="checkbox"/> Signed Terms of Enrolment	<input type="checkbox"/> Court orders

DECLARATION

I have read the following carefully and I understand that: (Please tick ALL the boxes below)

- Application Fee of \$100.00 (Please note that this fee is non-refundable)
- The Annual Building Levy Fee of \$400.00 is to be paid in advance upon enrolment. (This fee is non-refundable.)
- The Annual Textbook Fee of \$150.00 is to be paid in advance upon enrolment. (This fee is non-refundable.)
- School Term Fees must be paid one week prior to the commencement of each term. An Administration Late Fee of \$60.00 per month, per student; will be charged if fees are not paid by
- Re-enrolment is subject to good behaviour and satisfactory academic records.
- Any request for long leave of absence must be made in writing. Leave must be approved by the Principal.
- Parents and students must abide by the school policies and procedures.
- Consent is given for my child to have their photo taken for all College purposes.
- In the event of an emergency and I cannot be contacted, I authorise the school to seek appropriate treatment in case of illness or accidental injury.
- I indemnify the school against any claim or litigation arising out of sickness or injury to my child including but not limited to school excursions and camps.
- I certify that the information given herein by me is true and correct.

SIGNATURES

My signature below indicates that I have read all the above information carefully and agree with the terms and conditions.

Father's Signature		Date	
Mother's Signature		Date	
Guardian's Signature		Date	

OFFICE USE ONLY

- Completed enrolment form
- Immunisation Records Provided
- Copy of birth certificate
- Evidence of residency (where applicable)

- Previous school records (where applicable)
- Signed terms of enrolment
- Other official documentation

Application Fee	\$	Date received	/ /
Application received by		Signature	