

AL HIKMA COLLEGE

WISDOM |KNOWLEDGE | CHARACTER www.alhikma.nsw.edu.au 291 Haldon Street, Lakemba, NSW, 2195 P: (02) 9703 3017 | E: admin@alhikma.nsw.edu.au

ENROLMENT FORM

STUDENT INFORMATION												
First Name				Last Nan	ne							
Middle Name/s				Preferre Name	ed							
Date of Birth	,	/ / Gender Male						ale	le Female			
Is your child: (Plea	se tick	Yes or No fro	om the follow	ing)								
an Australian citizo	en?						Yes			No		
a permanent resident of Australia?							Yes No					
an ATSI (Aboriginal and/or Torres Strait Islander)?							Yes			No		
an overseas student?							Ye	es			No	
other (please spec	ify):											
Country of Birth				Main La	nguag	e						
Country of Citizens	ship			Second	Langu	age						
Year of entry		20	Grade	К	1	2	3	3	4	5		6
NB: Students appl of entry.	lying fo	or Kindergar	ten should b	e at least	5 yea	rs old	by th	e 31s	st of Jul	y in	the	year
If your child is ento	ering K	indergarten,	please answe	r the follo	wing	questi	ons:					
Does your child at				Ye	es			No				
If yes, which child	care ce	ntre?				•						
How long have the	y atten	ded?		Years	5			Mo	onths			
How many days pe	er weel	k do they atte	nd?	1		2	3	3	4			5

STUDENT MEDICAL & WELLBEING INFORMATION								
Does your child suffer from:								
hearing or eyesight difficulties?		No Ye	s (specify)					
heart, blood or kidney conditions	s?	No Ye	s (specify)					
physical or intellectual disability	?	No Ye	s (specify)					
asthma or emphysema?		No Ye	s (specify)					
any allergies?		No Ye	s (specify)					
developmental disabilities such a Autism, ADHD, ADD?	as	No Ye	s (specify)					
NB: If your child has any medic form.	al conditio	ns that requir	e an action pla	ın, please atta	ch it to this			
Are you aware of any social, emoneeds which may impact your ch		•	•	No	Yes			
If yes, please specify								
Are there any other medical conditions, including any daily medication necessary for your child? No Yes								
If yes, please specify								
NB: Failure to disclose any relevan	nt informati	ion may result i	n cancellation o	f enrolment at i	the College.			
SCHOOL CONNECTIONS								
If applicable, please complete the	appropriate	e sections below	7:					
Has your child attended a previo	us school?			Yes	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?								
If yes, please specify below:								
NAME	GRADE	CURRENT STUDENT	ENROLLED	NOT ENROLLED	PREVIOUSLY ATTENDED			

PARENT INFORMATION									
FATHER'S DETAILS									
Title Given N	lame/s			l	Last Name	9			
Home Address									
Email Address									
Mobile Number				Home	e Number				
Occupation									
Employer's Name									
Work Number									
SCHOOLING ED	UCATION (TICK ONE)		7	ERTIARY	Y QUA	LIFICATION (TI	ICK ONE)	
Year 12 or equivalent				Bach	elor degre	ee or a	bove		
Year 11 or equivalent				Adva	nced diplo	oma/I	Diploma		
Year 10 or equivalent				Certi	rt)				
Year 9 or equivalent or	below			No non-school qualification					
Main language spoken at home				Second language spoken at home					
MOTHER'S DETAILS									
		MUI	пек	2 DE I	AILS				
Title Given N	lame/s	MOT	пек		Last Name	9			
Title Given M Home Address	lame/s	MOT	пек			9			
	lame/s	MOT	пек			2			
Home Address	Name/s	MOT	пек	1					
Home Address Email Address	Name/s	MOT	пек	1	Last Name				
Home Address Email Address Mobile Number	Name/s	MOT	пек	1	Last Name				
Home Address Email Address Mobile Number Occupation	Name/s	MOT	HEK	1	Last Name				
Home Address Email Address Mobile Number Occupation Employer's Name				Home	Last Name		FICATION (TICK	ONLY ONE)	
Home Address Email Address Mobile Number Occupation Employer's Name Work Number				Home	Last Name	UALII		ONLY ONE)	
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Home	EMERGENCY CONTACT INFORMATION												
Address	Title		Given Na	ıme			Last Name						
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 Bachelor degree or above Para 11 or equivalent Advanced diploma/Diploma Para 10 or equivalent Certificate I to IV (Includes a trade cert) Year 9 or equivalent Second Language spoken at home Who does the child lives with: HOW DID YOU HEAR ABOUT US? Internet Search Other - Please Specify Other - Please Specify							Mobile Number						
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Main language spoken at home Who does the child lives with: HOW DID YOU HEAR ABOUT US? Internet Search Event – Please Specify Advertisement Word of Mouth Other – Please Specify	Year 1	.0 or equ	iivalent				Certificate I to IV (Includes a trade cert)						
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Internet Search Advertisement Word of Mouth Event – Please Specify Other – Please Specify	Who	loes the	child lives	with	:								
Internet Search Advertisement Word of Mouth Event – Please Specify Other – Please Specify													
Advertisement Word of Mouth Other – Please Specify	HOW	DID YO	U HEAR A	BOU	ΓUS?								
Word of Mouth Other – Please Specify	Intern	et Searc	h				Event – Please Speci	fy					
	Adver	tisemen	t										
Existing Parent at the College	Word	of Mout	h				Other – Please Specify						
	Existi	ng Paren	it at the Co	ollege									

PROVIDE THE FOLLOWING								
	сомри	JLSORY		WHER	E APPL	ICABLE		
	Completed enrolm	ent form		School reports	(two m	ost recent)		
	Original birth certificate Medical documents/Action Plan							
	Immunisation records and documentation NAPLAN (if applying for Years 3 to 6)							
		vidence of residency (Australian itizenship Certificate or Australian Visa Grant Notice/Status						
	Signed Terms of Er	nrolment		Court orders				
DECL	ARATION							
I have	e read the following	g carefully and I understa	nd tha	t: (Please tick A	LL the	boxes below)		
	Application Fee of	\$100.00 (Please note that t	his fee	is non-refundal	ole)			
	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.							
SIGNA	ATURES							
	gnature below indi erms and condition	cates that I have read all s.	the ab	ove informatio	n caref	ully and agree with		
Fathe	r's Signature				Date			
Mothe	er's Signature				Date			
Guard	rdian's Signature Date							

OFFICE USE ONLY								
Completed enrolment Immunisation Records Copy of birth certificat Evidence of residency	 □ Previous school records (where applicable) □ Signed terms of enrolment □ Other official documentation 							
Application Fee	\$	Date received	/	/				
Application received by		Signature						