



Al Noori Muslim School
ABN: 56003620620

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Email: admin@alnoori.nsw.edu.au Website: www.alnoori.nsw.edu.au

Principal: Mr Ali Kak, B.Ed., M.Ed. Leadership

Student Application for Enrolment Form

Student Details

Into which year are you seeking to enrol this student? (mark only one box)												
<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"/>
K	1	2	3	4	5	6	7	8	9	10	11	12
Intended start date/year:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
First name:						Surname:						
Middle name:						Date of birth:						
Does this student have any brothers or sisters currently attending Al Noori Muslim School? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide their sibling's name/s and class below.												
1. Name: _____								Grade: _____				
2. Name: _____								Grade: _____				
3. Name: _____								Grade: _____				
4. Name: _____								Grade: _____				
Languages other than English spoken at home Does the student speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes If yes, what language(s) other than English are spoken at home? <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Indonesian <input type="checkbox"/> Bosnian <input type="checkbox"/> Urdu <input type="checkbox"/> Other _____						Aboriginality Is the student of Aboriginal or Torres Strait Islander background? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please specify <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both						
Student's Residency Status <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Temporary Visa, please include: Current visa sub-class: _____ Visa expiry date: _____						Country of Birth			If born overseas, on what date did the student arrive in Australia?			

Previous schools

Please provide details of the last school where the student has previously been enrolled:

For students enrolling into Kindergarten, please list Preschools or Long day care services attended in the year before school

Name of last school attended: _____

Dates of attendance: _____ Grade completed: _____

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

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

Home schooling

Was this student previously home schooled? No Yes

If yes, please provide your reason below and home school number

Have you submitted an application form for another child? No Yes

Name: _____ Grade applying for: _____

Name: _____ Grade applying for: _____

Name: _____ Grade applying for: _____

Please attach a copy of their most recent school report and, if any, NAPLAN results. Also please be aware that a child is legally allowed to be with both parents. A parent can ONLY be refused access to a child with legal court documents.

Special circumstances

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (e.g. Living apart from parental supervision, subject of a court order, out of care arrangements, etc.)

Yes No

If Yes, please provide a brief description of the circumstances below.

Legal Information

Is the student subject to any court orders? Yes No

If Yes, please provide a brief description below:

Is the student in the care of the department for Child Protection and Family Support (CPFS)? Yes No

CPFS Case Manager name:

CPFS Case Manager number:

CPFS District:

Please attach any relevant court documents relating to the student's wellbeing and guardianship details.

Student medical details and health conditions

Student's Medicare number

Student's position on the card

Medicare card valid to date

Doctor's name/medical centre:	
Doctor's address:	
Doctor's phone number (work):	
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. Attach an additional page if required.	

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

Allergies – These can include allergies to insect stings, medications, latex, food (eg. Nuts, eggs) or other

Allergy to:	
Has a doctor diagnosed this allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a severe allergy (anaphylaxis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which hospital? _____	
Does your child have an ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this plan attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been prescribed an adrenaline autoinjector (i.e. EpiPen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).	
Does your child have an ASCIA Action Plan for Allergic Reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this plan attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other medications prescribed for this allergy: _____	

Medical conditions other than allergies and anaphylaxis (e.g. Asthma, severe asthma, diabetes, epilepsy)

Medical condition:	
Has a doctor diagnosed this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been hospitalised with this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which hospital? _____	
Does your child have a documented action plan from a doctor (e.g. Asthma action plan?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this plan attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child taking prescribed medication for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the prescribed medication? _____	

I _____ authorise the school to seek appropriate medical treatment in event of an
(print parent/guardian name)
emergency and I cannot be contacted.

Signature: _____

Date: _____

Family Details

Mother's Details

Title:	First Name:	Surname:
Home number:	Mobile number:	
Work number:	Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	If No, who does the child live with? _____	
	If applicable, copies of any relevant family law or other court orders must be provided.	
Home Address:		
Residency Status <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Temporary Visa, please include: Current visa sub-class: _____ Visa expiry date: _____	Country of birth	Language other than English spoken at home <i>Does this parent speak a language other than English at home? If Yes, please write actual language(s) used.</i>
School Education <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 of equivalent Please provide level of education and country obtained _____ _____	Educational Qualifications <input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Bachelor degree or above Please provide tertiary level of education and country obtained _____ _____	
Occupation <input type="checkbox"/> Machine operators, hospitality staff, assistance, labourers and related workers. <input type="checkbox"/> Trades person, clerks and skilled office, sales and service staff. <input type="checkbox"/> Qualified professionals, government administration, defence and senior management in large business organisation <input type="checkbox"/> Other business managers, arts/media/sportspersons and associated professionals. <input type="checkbox"/> Out of employment for 12 months or more. <i>(If less, use previous employment).</i>		
Occupation:	Employer:	

Family Details Continued

Father's Details

Title:	First Name:	Surname:
Home number:	Mobile number:	
Work number:	Does the student live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	If No, who does the child live with? _____	
	If applicable, copies of any relevant family law or other court orders must be provided.	
Home Address:		
Residency Status <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Temporary Visa, please include: Current visa sub-class: _____ Visa expiry date: _____		Country of birth Language other than English spoken at home <i>Does this parent speak a language other than English at home? If Yes, please write actual language(s) used.</i>
School Education <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 of equivalent Please provide level of education and country obtained _____ _____		Educational Qualifications <input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Diploma / Advanced Diploma <input type="checkbox"/> Bachelor degree or above Please provide tertiary level of education and country obtained _____ _____
Occupation <input type="checkbox"/> Machine operators, hospitality staff, assistance, labourers and related workers. <input type="checkbox"/> Trades person, clerks and skilled office, sales and service staff. <input type="checkbox"/> Qualified professionals, government administration, defence and senior management in large business organisation <input type="checkbox"/> Other business managers, arts/media/sportspersons and associated professionals. <input type="checkbox"/> Out of employment for 12 months or more. <i>(If less, use previous employment).</i>		
Occupation:	Employer:	

Emergency Contacts

Please provide two emergency contacts other than parents.

Full name:	
Relationship to student:	Authorised to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home number:	Mobile:

Full name:	
Relationship to student:	Authorised to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home number:	Mobile:

Publishing student information

Al Noori Muslim 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, class and information collected at school such as photographs, visual recordings and your child's work.

The communications in which your child's information may be published include but are not limited to: Al Noori Muslim School website, Official Twitter, Facebook, YouTube and LinkedIn accounts, School Newsletters, Annual Report and some promotional materials.

Permission to publish: I give permission I do not give permission

Online Services

Al Noori Muslim School provides students with filtered access to the Internet. Students in Years 6 - 12 also have access to a secure 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 data for access within, or outside of, school. The ICT Department has ensured that privacy and data security controls are at the highest level.

Permission to access Online Services: I give permission I do not give permission

Enrolment Checklist

Please make sure you have provided the relevant documents with your application

- Child's Birth Certificate
- Child's Citizenship certificate or Passport.
- Most recent school report
- NAPLAN results
- Medical documents (if applicable)
- Application fee of \$75
- Immunisation statement ***from Medicare*** (no blue books accepted)
- Parents' evidence of residency i.e. Passport / Australian Birth Certificate or Citizenship Certificate

Please make sure that the original documents and a copy is submitted with this application to the Administration Office. Copies of the original documents will be verified by the Administration Staff. Photocopying of the original documents will not be made by the Administration Staff. The application form cannot be submitted without all the required documents.

Declaration

Please read the following conditions. Signing below indicates that you have read, understood, agreed to and consented to the conditions.

- A \$75 application fee is to be paid upon submitting this form.
- This application does not guarantee the student a position in the school.
- The student must abide by the school policies and procedures.
- Re-enrolment approval is assessed on a yearly basis. Re-enrolment is subject to the student's academic performance, attendance, behaviour, payment of school fees and the continued support of the parents.
- Enrolment bond of \$500 per family is to be paid upon successfully securing a place at our school. Once the student has commenced schooling, the bond can be refunded on the condition that the parents have given at least ten weeks' notice in writing prior to the child leaving. Failure to do so will mean that the Bond will not be refunded.
- The term fees are detailed on the school website. The primary school fees are \$600 (Term 1) and \$550 (Terms 2,3&4). The high school fees are \$700 per term. A sport fee of \$100 per term and a locker fee of \$10 per year applies to high school students. School fees are to be paid within the first two weeks of each term. A late fee of \$5 per week applies from the due date until the date of payment.
- A book fee is to be paid yearly. The primary school book fee is \$75 per year and the high school book fee is \$280 per year. This fee covers the cost of text books and exercise books for the student. This fee is not refundable.
- A building levy per student is to be paid yearly. (Primary School - \$300 per year and High School -\$350 per year). This is tax deductible and not refundable.
- If a parent withdraws one of their children for any reason, without the principal's approval, the child's siblings will lose their position at the school.
- I agree to give ten weeks' notice in writing to the school before withdrawing my child. I understand that a full term's fees will be charged in lieu of sufficient notice.
- I give the school consent to take photos of my child strictly for school purposes.
- I hereby declare all information given in this application to be true. False information will lead to a termination of application and/or enrolment.

Print Name: _____

Signature _____

Date _____

Applications strictly due by:

Kindergarten applications close at the end of Term 2

Year 1 to 6 applications close at the end of Term 3

High School applications close at the end of Term 2

