



AL-HIDAYAH ISLAMIC SCHOOL

Contact School: Phone: (08) 9351 8593 Fax: (08) 9351 8594 Email: info@islamicschool.com.au Website: www.IslamicSchool.com.au

School Location: Corner of Hedley Street & Nyamup Way, Bentley, Western Australia

POSTAL ADDRESS: PO BOX 761, VICTORIA PARK WA 6979, AUSTRALIA

Bismillahir Rahmanir Rahim

EXPRESSION OF INTEREST FORM – YEAR 1 TO YEAR 6

Enrolment Process

1. Complete the Expression of Interest Form. Return it to School. Your child will be placed on the waiting list.
2. The School will send you an Enrolment Form that needs to be completed and returned to the School with all necessary documents.
3. The School will contact you to arrange an interview with the Principal. This personal interview is for both parents and student.
4. **The School will notify you if your application is successful.**

SECTION 1 - STUDENT DETAILS

Name:
Surname Given Names Preferred Name

Home Address: Post Code:

Gender: Male Female Date of Birth: / / Age: Years Months

Australian Permanent Resident: Yes No Visa Class (if any):

Country of Birth: Home Language:

School Last Attended:

Grade on Leaving:

SECTION 2 – STUDENT INFORMATION

Does your child have any medical condition? Yes No

If yes, please specify:

Has your child been assessed with any learning difficulty? Yes No

If yes, please specify:

Has your child been assessed as having special needs/support? Yes No

If yes, please specify:

Does your child have any siblings attending OR have attended this school in the past? Yes No

Name of Sibling	Grade
.....
.....
.....

[Please turn over]

SECTION 3 – MEDICAL INFORMATION

IMMUNISATION RECORD: *(Please complete boxes using one of the corresponding letters in each box)*

F = Fully Immunised N = Not Immunised I = Incomplete Immunisation P = Personal Objections

<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>	Pertussis (Whooping Cough)				

Blood Group: *(If known)*

SECTION 4 – PARENT/GUARDIAN INFORMATION

Father's Name:

Mother's Name:

Guardian's Name (if applicable):

Home Address: Post Code:

Contact No: (Home) (Mobile) (Work)

Email:

I understand that should it become known that I withheld any information, intentionally or otherwise, and or made any false or misleading statements in this application form, the application may be rejected. If it does not become known that information was withheld, intentionally or otherwise, or that the information supplied was inaccurate or misleading until after an enrolment has been accepted and as a result it is determined that it is not in the best interest of the child to remain enrolled in the School, the school reserves the right to terminate the enrolment without notice.

Signature (Parent/Guardian): **Date:**

<u>SCHOOL OFFICE USE ONLY</u>			
RECEPTION:			
Date Received:	Received by:	<input type="checkbox"/> Added to Application List	
ACCOUNTS:	Date:	A/c if any:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
CLASS TEACHER:			
Assessment date:	Assessed by:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
PRINCIPAL:	Date:	FINAL APPROVAL	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied

RECEPTION:			
Parents Inform of acceptance through:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
Enrolment Form Issued by:	Date:	Sent by mail: <input type="checkbox"/> YES <input type="checkbox"/> NO	