



AL-AMEEN COLLEGE APPLICATION FOR ENROLMENT

57 Southgate Road Langford, WA 6147

Tel: (08) 9458 5206

Website: www.alameencollege.wa.edu.au

Email: enrolment@alameencollege.wa.edu.au

OFFICE USE ONLY

First name: _____ Last name: _____

Class / Year Level applying for: _____ Year of commencement: _____

Date application is received: _____

Received by: _____ Walk-In ☐ Email ☐

Attached documents:

- ☐ Birth Certificate
- ☐ Proof of Australian citizenship and/or residency
- ☐ Academic reports from the current school
- ☐ Immunisation History Statement
- ☐ Medicare and/or private healthcare details
- ☐ Custody/Court Orders (*if applicable*)

Residency Status:

- ☐ Australian Citizen
- ☐ Permanent Resident, Visa Subclass: _____
- ☐ Temporary Resident, Visa Subclass: _____

Sibling(s) currently attending this school: Y ☐

Notes:

APPLICATION FOR ENROLMENT

Year of Commencement: _____

Year/ Level: _____

STUDENT INFORMATION

Surname:	
First Name:	Gender: M / F
Second Name:	Preferred Name:
Date of Birth:	Place of Birth:
Country of Birth:	Birth Cert Attached <input type="checkbox"/>
Australian Immunisation Register (AIR) Immunisation History Statement Attached <input type="checkbox"/> <i>Obtained from myGov. Statement must be no more than two months old.</i>	
Nationality:	Country of Citizenship:
Indigenous Status:	
<input type="checkbox"/> Aboriginal origin <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander Origin <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander origin	
Australian Citizen/Permanent Resident: Y / N Visa Class _____ Date of Arrival _____ Copy of Citizenship Certificate or Passport Attached <input type="checkbox"/>	
Australian Temporary Resident: Y / N Visa Class _____ Date of Arrival _____ Copy of Visa Grant Notice Attached <input type="checkbox"/>	
Language most spoken at home?	
Have siblings who are currently attending Al-Ameen College: Y <input type="checkbox"/> N <input type="checkbox"/> <i>If Y is circled, please provide details for each sibling:</i> Full Name: _____ Year Level: _____ Full Name: _____ Year Level: _____ Full Name: _____ Year Level: _____	

Current School:	Year Level:	
Location of Current School:		
Recent Academic Report Attached <input type="checkbox"/>	WA Student number (WASN):	
Residential Address:		
Suburb:	State:	Post Code:
I give permission for the College to publish photos of my child on the school website, newsletters and other communication and marketing tools: Y <input type="checkbox"/> N <input type="checkbox"/>		
Do you require bus service from the College: Y <input type="checkbox"/> N <input type="checkbox"/>		
Note: <i>That there may be a waiting list for this service.</i>		

STUDENT'S INDIVIDUAL NEEDS

The School Education Act 1999 requires the provision of ' <i>details of any condition of the student that may call for special steps to be taken for the benefit or protection of the student or other persons in the school</i> '.	
Please detail any additional needs your child has:	
Medical/Health/Additional Needs/Notes:	
Action Plan Attached <input type="checkbox"/>	Individual Learning Plan Attached <input type="checkbox"/>
Please list any current Allergies:	
Name of Family Doctor:	Doctor's Phone Number:
Name of Medical Centre:	
Parents are expected to disclose any health and/or learning support fully and accurately. Failure to disclose such information may result in enrolment being cancelled .	
I give permission for my child to take Panadol when he/she requires: Y <input type="checkbox"/> N <input type="checkbox"/>	
Court Custody (if parents are separated and custody arrangements apply - a copy of court documentation must be supplied to the school).	
Copy of Court Custody Documentation attached <input type="checkbox"/>	

PARENTS' / GUARDIANS' INFORMATION

	Father's Details / Guardian	Mother's Details / Guardian
Title		
First Name		
Surname		
Occupation (please see next page for categories)	<input type="checkbox"/> Group 1 – Senior management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2 – Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 3 – Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 – Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 8 – Not in <u>paid</u> work in the last 12 months	<input type="checkbox"/> Group 1 – Senior management in large business organisation, government administration and defence, and qualified professionals <input type="checkbox"/> Group 2 – Other business managers, arts/media/sportspersons and associate professionals <input type="checkbox"/> Group 3 – Tradesmen/women, clerks and skilled office, sales and service staff <input type="checkbox"/> Group 4 – Machine operators, hospitality staff, assistants, labourers and related workers <input type="checkbox"/> Group 8 – Not in <u>paid</u> work in the last 12 months
Employer		
Nationality		
Country of Birth		
Country of Citizenship		
Language most spoken at home		
Religion		
Home number		
Mobile number		
Work number		
Email Address (compulsory)		

Mailing Address (if different from above)		
Educational Background for National Reporting Highest level of school education:	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent Other (please specify):	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent Other (please specify):
Highest level of non-school / tertiary education:	<input type="checkbox"/> No tertiary qualification <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Diploma or Advanced Diploma <input type="checkbox"/> Bachelor Degree or Above	<input type="checkbox"/> No tertiary qualification <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Diploma or Advanced Diploma <input type="checkbox"/> Bachelor Degree or Above

EMERGENCY CONTACT - NEXT OF KIN (OTHER THAN PARENTS/GUARDIAN)

Name:	Relation to student:
Address:	
Mobile number:	Work number:
Email address:	

PRIVATE HEALTH INSURANCE

In the case of an emergency, we may be required to call for an ambulance. Please provide your private health insurance details below and if any of these details change, you must advise the enrolment officer.
NOTE: If you are not covered for an ambulance service, you may be privately billed for this service/call out by the Emergency Services.

Private Health Fund:	Membership No:
Reference No:	Hospital Cover: Y <input type="checkbox"/> N <input type="checkbox"/> Ambulance Cover: Y <input type="checkbox"/> N <input type="checkbox"/>
Medicare Number:	Reference No:
Expiry Date:	

Occupation Group 1:

Senior management in large business organisation, government administration, defence and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator. Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director].

Defence Forces Commissioned Officer.

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]. Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller].

Occupation Group 2:

Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing].

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer].

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official].

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]. Defence Forces senior Non-Commissioned Officer.

Occupation Group 3:

Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesperson are included in this group.

Clerks [book keeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk].

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator].

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher].

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

Occupation Group 4:

Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter and housekeeper].

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].

Labourers and related workers.

Defence Forces ranks below senior NCO not included above.

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]. Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

MEDICAL EMERGENCY/EXCURSION AUTHORISATION

I/We authorise the College to seek medical/dental attention, to call an ambulance or to hospitalise my son/daughter when considered necessary. I/ we understand that we are liable for any costs that are incurred. I/we further authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am/we are unable to be contacted within a reasonable time, the College has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

I/We hereby permit my child to leave school grounds on any organised and supervised excursion for educational purposes.

I/We exonerate the School, its staff and agents from any claims or litigation arising from illness, injury, excursion and loss/damage to personal effects, including money in the possession of my child(ren).

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee enrolment. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/ We have completed the form fully and to the best of my/our knowledge. Further I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions and/or health care requirements, then this enrolment may be refused or terminated on this ground.

I/We agree to abide by the policies and directions of the school as they are enacted from time to time.

I/We understand that security cameras are installed on school premises and school buses for security purposes.

I/We understand that our child must observe good behaviour as per school policies and procedures.

I/We understand and accept the tuition fees as shown in the fee schedule with this application for enrolment. I/we thus take full responsibility to pay all tuition fees (including the Building Levy), and any other fees or charges incurred (by the given due date) for the duration of my child(ren)'s enrolment at the College.

I/We also understand that the College reserves its right to revise its tuition fees (and other charges) on an annual basis to cover for rising costs. In the event where I am late in payment of fees without acceptable reasons, the College reserves its right to take necessary actions such as, but not limited to, applying suspension of my child/ren's enrolment and engaging the fee collection agency to recover the outstanding fees.

Address for receiving invoices and statements of account (if different):

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

PRIVACY ACT DECLARATION

I understand the College collects personal information, including sensitive information about its students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting such information is to enable the College to be compliant with the delivery of education and care as required.	
Signature of Father/Guardian	Date
Signature of Mother/Guardian	Date

The information sought on this form is required by the School for educational purposes and to be compliant with various Education and Government authorities.

After completing this form, please email enrolment@alameencollege.wa.edu.au or submit at the College reception.