



DETAILS OF CHILD														
<i>Please complete in block letters.</i>														
Family Name				Given Name/s										
Date of Birth		/ /		Sex			<input type="checkbox"/> Male			<input type="checkbox"/> Female				
Is your child:				<input type="checkbox"/> An Australian citizen.				<input type="checkbox"/> Other (specify)						
				<input type="checkbox"/> A permanent resident of Australia.										
Languages other than English spoken at home:														
Does this parent/Carer speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/>														
Main language other than English spoken at home:														
Interpreters may be available during school interviews. Would an interpreter be required: Yes <input type="checkbox"/> No <input type="checkbox"/>														
List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.)														
Application to enter Year Level in				20__		Grade		K	1	2	3	4	5	6
DETAILS OF PARENT														
Father/Guardian's Contact Details														
Title (Mr/Dr/other)		Family Name		Given Name/s										
Home Address														
Post Code				Home Phone										
Employer's Name				Occupation										
Business Phone				Fax Number										
Mobile Phone				Email Address										
Schooling Education:							Educational Qualifications:							
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 (inc. trade cert.)			<input type="checkbox"/>							
Year 9 or equivalent or below		<input type="checkbox"/>		No non-school qualification			<input type="checkbox"/>							

Mother/Guardian's Contact Details					
Title (Mrs/Ms/other)		Family Name		Given Name/s	
Home Address					
Post Code		Home Phone			
Employer's Name		Occupation			
Business Phone		Fax Number			
Mobile Phone		Email Address			
Schooling Education:			Educational Qualifications:		
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 (inc. trade cert.)	<input type="checkbox"/>		
Year 9 or equivalent or below	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>		
The child lives with:	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other	
Emergency Contact Details			Relationship to Student:		
Title (Mr/Dr/other)		Family Name		Given Name/s	
Home Address					
Post Code		Home Phone			
Mobile Phone		Business Phone			
SCHOOL CONNECTIONS					
<i>If applicable please complete the appropriate sections below.</i>					
Name and grade of sibling/s					
1.	<input type="checkbox"/> Previously attended Al Hikma	<input type="checkbox"/> Current student	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Not enrolled	
2.	<input type="checkbox"/> Previously attended Al Hikma	<input type="checkbox"/> Current student	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Not enrolled	
PLEASE RETURN					
<ul style="list-style-type: none"> ▪ Completed "Application for Admission" form ▪ A photocopy of the birth certificate ▪ Copies of immunisation documentation ▪ Evidence of residency (Australian Citizenship Certificate or Australian Passport) ▪ Medical document (where applicable) ▪ School report (where applicable) 					

DECLARATION

My signature below indicates that I have read and noted the Fees and Regulations for Enrolment and agree to abide by these and any regulations in force at the School including the Attendance and Discipline Policies. I agree to pay promptly all fees (within the first week of each term) and other money due to the School in respect of the child enrolled. I enclose a non-refundable Application Fee and attach a photocopy of my child's birth certificate, immunisation records, evidence of residency. Should my child sustain any injury or illness I wish to be notified if it seems advisable in the opinion of the Principal of the school that medical treatment is necessary. 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 also indemnify the school against any claim or litigation arising out of sickness or injury to my child including during or as a result of an excursion. I certify that the information given herein by me is true and correct.

Father's signature		Date	/ /
Mother's signature		Date	/ /
Guardian's signature		Date	/ /

OFFICE USE ONLY

<input type="checkbox"/> Copy of immunisation certificate/documentation	<input type="checkbox"/> Copy of birth certificate
<input type="checkbox"/> Medical history form (where applicable)	<input type="checkbox"/> Previous school records (where applicable)
<input type="checkbox"/> Evidence of residency (where applicable)	
Administration	\$
Entrance	\$
Date received	
Application received by	Signature