ENROLMENT REQUIREMENTS – INTERNATIONAL STUDENTS

To ensure the ongoing success of the college, you must meet the requirements as specified below.

1. Minimum Age: Child Born 1 July 2009 – 30 June 2010 will be eligible for Preparatory.

2. Documentation: Birth Certificate / Passport
   (All documents are to be in English)

3. Visa: Visa Documents, Passport, Parents COE document

4. Health: Immunization Record.
   Private Healthcare Coverage Document or Card

5. Education: Transfer papers and previous School report if coming from another school.

6. Fees & Charges: First Semester Fees + Enrolment Fee $250.00 paid at time of enrolment
   
   (ALL FEES ARE NON-REFUNDABLE)

COLLEGE FEES - 2015

Fees for 2014 have been set at the levels tabled below and will remain at these levels for the full year unless unforeseen circumstances necessitate a change.

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Total Fees for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prep- Year 6</td>
<td>$13,000.00</td>
</tr>
<tr>
<td>Years 7-10</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Years 11-12</td>
<td>$15,000.00</td>
</tr>
</tbody>
</table>

Above fees applies to Tuition only and does not include transport services, uniforms, books, excursions, etc.

Note: Above fees are subject to change before 2015.

COLLEGE TRANSPORT FEES- 2015

The Australian International Islamic College provides a school transport service for those families who are unable to transport their children to and from the college. Bus services offered to children living along our bus routes. The bus fares for 2015 are as follows:

<table>
<thead>
<tr>
<th>Distance</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10km</td>
<td>$35 per week</td>
</tr>
<tr>
<td>More than 10km</td>
<td>$45 per week</td>
</tr>
<tr>
<td>City/Gold Coast</td>
<td>$90 per week</td>
</tr>
</tbody>
</table>

Note: Above fees are subject to change before 2015.
ENROLMENT APPLICATION
INTERNATIONAL STUDENTS

Student’s Information:
First name
Last name
Year Level

Home address of student:
(No. and street name)
Suburb
Postcode

Email
Mobile
Home Phone

Date of Birth
Country of Birth
Gender:

Date arrived in Australia
Visa Subclass:
Visa expiry date

Languages spoken at home
Is the student of Aboriginal or Torres Strait Islander origin?

Parent’s Information:
Father’s Full Name
Mother’s Full Name

Home Phone
Work/Mobile Phone
Home Phone
Work/Mobile Phone

Email
Email

Emergency Contact Information:
Contact Person 1
Contact Person 2
Name
Name

Relationship to child
Relationship to child

Address
Address

Suburb
Post Code
Suburb
Post Code

Contact phone number:
Home:
Work:
Home:
Work:
MEDICAL INFORMATION

Doctor’s Name: ☐ Individual ☐ Medical Centre

Doctor’s Address: _____________________________
Suburb: _____________________________ Post Code: _____________________________

Tel: _____________________________ Fax: _____________________________

Medicare No: _____________________________

Does the student suffer from any of the following impairments? (please tick)

Speech: ☐ Yes ☐ No
Hearing: ☐ Yes ☐ No
Mobility: ☐ Yes ☐ No
Vision: ☐ Yes ☐ No

Does your child suffer from any of the following? (if you tick a box please provide details of medication or information which may be of use to the college)

☐ Asthma _____________________________ ☐ Heart Problem _____________________________
☐ Epilepsy _____________________________ ☐ Migraines _____________________________
☐ ADD/ADHD _____________________________ ☐ Allergies (please specify) _____________________________

Other _____________________________

Immunisation Details (Please provide your child’s immunisation record with this enrolment)

MEDICAL CONDITION

If the student have any medical condition please specify the following

Symptoms: _____________________________

If my child displays any of the symptoms above please: (tick)

Inform Doctor ☐ Yes ☐ No
Inform Emergency Contact ☐ Yes ☐ No
Administer Medication ☐ Yes ☐ No
Other Medical Action ☐ Yes ☐ No

If yes, please specify: _____________________________

Does the student take medication? (tick) ☐ Yes ☐ No ☐ Name of medication taken:

Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) ☐ Preventative ☐ Response

Indicate the usual dosage of medication taken:

Indicate how frequently the medication is taken:

Medication is usually administered by: (tick)

☐ Student ☐ Nurse ☐ Teacher ☐ Other _____________________________

Medication is stored: (tick)

☐ with Student ☐ with Nurse ☐ Fridge in Staffroom ☐ Elsewhere _____________________________

Dosage time Reminder required? (tick) ☐ Yes ☐ No ☐ Poison Rating

In the event of illness or injury to my child whilst at college, on an excursion, or travelling to or from college; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

☐ I allow my child to receive such medical or surgical attention as may be deemed necessary by a medical practitioner,

☐ administer such first aid as the Principal or staff member may judge to be reasonably necessary.
# PRIMARY FAMILY DETAILS

NOTE: The ‘PRIMARY FAMILY’ is the family or parent the student mostly lives with.

<table>
<thead>
<tr>
<th>ADULT A DETAILS (PRIMARY CARER):</th>
<th>ADULT B DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Name:</strong></td>
<td><strong>Full Name:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult A Address</strong> (If same with student ‘s address write as above)</td>
<td><strong>Adult B Address</strong> (If same with student ‘s address write as above)</td>
</tr>
<tr>
<td>Suburb</td>
<td>Suburb</td>
</tr>
<tr>
<td>Post Code</td>
<td>Post Code</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Relationship to child: (e.g. father, mother, uncle, aunt)</td>
<td>Relationship to child: (e.g. father, mother, uncle, aunt)</td>
</tr>
</tbody>
</table>

What is the highest year of primary or secondary school primary careers have completed? (For person who have never attended school, mark ‘Year 9 or equivalent or below.’)

<table>
<thead>
<tr>
<th>Adult A</th>
<th>Adult B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Year 12 or equivalent</td>
<td>☐ Year 12 or equivalent</td>
</tr>
<tr>
<td>☐ Year 11 or equivalent</td>
<td>☐ Year 11 or equivalent</td>
</tr>
<tr>
<td>☐ Year 10 or equivalent</td>
<td>☐ Year 10 or equivalent</td>
</tr>
<tr>
<td>☐ Year 9 or equivalent or below</td>
<td>☐ Year 9 or equivalent or below</td>
</tr>
</tbody>
</table>

What is the level of the highest qualification primary careers have completed?

<table>
<thead>
<tr>
<th>Adult A</th>
<th>Adult B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bachelor Degree or above</td>
<td>☐ Bachelor Degree or above</td>
</tr>
<tr>
<td>☐ Advanced Diploma/Diploma</td>
<td>☐ Advanced Diploma/Diploma</td>
</tr>
<tr>
<td>☐ Certificate 1 to IV including trade certificate.</td>
<td>☐ Certificate 1 to IV including trade certificate.</td>
</tr>
<tr>
<td>☐ Non-school qualification</td>
<td>☐ Non-school qualification</td>
</tr>
</tbody>
</table>

What is the occupation/s of the primary carers?

<table>
<thead>
<tr>
<th>Adult A</th>
<th>Adult B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:
- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

(Information collected from this form will be covered by the College’s Privacy Policy)

☐ I hereby agree to Australian International Islamic College Enrolment requirements and Policies

Signature of Parent/Guardian: __________________________ Date: _____ / _____ / _____

Date Started: _____ / _____ / _____