

Australian Islamic College Full Fee Paying Overseas Student

CRICOS PROVIDER CODE 00992K



Application for Enrolment Documents to be returned

When you return this form please do not forget to enclose your child's passport photocopy and most recent School Reports and Academic Transcripts.

Postal address: **Australian Islamic College**

PO Box 252 CLOVERDALE
Perth, Western Australia, 6985, AUSTRALIA
Ph: (618) 9362-5340 Fax: (618) 9362-5810
Email: info@aic.wa.edu.au

FFPOS STUDENT ENROLMENT FORM

FULL-FEE PAYING OVERSEAS STUDENT (FFPOS)

Registered Office: PO Box 252 CLOVERDALE WA 6985 Tel: (618) 9362 5340 Fax: (618) 9362 5810
Thornlie College: 17 Tonbridge Way, Thornlie Tel: 9493-2718 Dianella College: 81 Cleveland St, Dianella Tel: 9375-9770
Kewdale College: 139 President St, Kewdale Tel: 9362-2100
Website: www.aic.wa.edu.au E-mail: info@aic.wa.edu.au

APPLICATION FOR ENROLMENT AS AN OVERSEAS STUDENT YEARS 1 - 12

Admission into: KEWDALE THORNIE DIANELLA

Date of Application:/20..... Grade:/Year:

STUDENT DETAILS

Surname: First Name:

Address: Suburb: Post Code:

Tel: Mobile: Email:

Date of Birth: Age: Gender: Male / Female

Country of Birth: Citizenship:

Passport Number: Visa Number:

EDUCATIONAL BACKGROUND

School Last Attended:

Highest Academic Level Reached: (Please attach a copy of your latest academic transcript)

RECENT SCHOOL REPORTS/ACADEMIC TRANSCRIPT

Please enclose copies of your child's most recent school reports and academic transcript to help us determine your child's English proficiency and general academic performance. If possible please also enclose some samples of your child's writing in English: for example, a recent school essay.

Other Languages:

ISLAMIC KNOWLEDGE

HOLY QURAN

Reading from Text: Excellent Good Poor

Recitation: Excellent Good Poor

General Knowledge: Excellent Good Poor

PARENT/GUARDIAN DETAILS

FATHER

Surname:

Given Names:

Occupation:

Mobile:

Address:

Tel: Fax:

Email:

Language Most Spoken at Home:

MOTHER

Surname:

Given Names:

Occupation:

Mobile:

ACCOMODATION DETAILS

Surname: First Name:

Address:

Tel: Fax: Mobile:

Visa Details: Date of Admission:

MEDICAL INFORMATION

Student Name:

Private Health Cover Provider:

Membership No: Expiry Date:.....

IMMUNISATION STATUS

Does the child have a medical exemption: Yes No-If Yes please provide evidence to support

Is your Childs Immunisation up to date: Yes No

If Yes, please provide evidence to support in the way of an Immunisation History Statement or records from child health books.

If No please provide evidence to support conscientious objections.

HEALTH CONDITIONS

Is your child subject to illnesses or any other condition that may affect his or her learning during school? (i.e seizures, fainting, asthma, diabetes) Yes No

If Yes, please give details:

Is your child subject to any disabilities that may affect his or her learning during school? (i.e physical, psychological/cognitive, sensory – vision/hearing) Yes No

If Yes, please give details and provide with documents:

Is your child **allergic** to: (please list)

Medications	
Food Products	
Insect Stings	
Other	

MEDICATION

Parent/guardians are requested to make arrangements with the teacher-in charge for the safekeeping and handling of prescribed medications during school.

Is your child presently taking tablets and /or other forms of prescribed medication? Yes No

Does your child self-administer the medication? Yes No

If Yes, state name of medication and frequency of use:

ALL OTHER INFORMATION

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child:

PERMISSION TO USE PHOTOGRAPHS/VIDEO

Do you consent to the College using your child’s photographs and video images in the College’s promotional material such as newsletters, magazines, handbooks & advertisements?
 Yes No

LEGAL GUARDIAN (if other than parent) or Emergency Contact

Surname: Given Names:

Relationship to Applicant:

Address:

Tel No: Mobile/ Work:/.....

OFFICE USE ONLY

Application Checked and Received by:

Date Received: Application Fee Rec’d: Yes / No Rec. No:

Contract Received: Yes / No

Tuition Fees/ Bond Received: Yes / No Amount Rec’d: \$..... Rec No:

2. UNIFORM & REFUND POLICY

UNIFORM REQUIREMENTS

Uniform components	Boys	Girls
Shirt	White collared long sleeve or short sleeve shirt with AIC Logo	Black long sleeve dress with AIC Logo
Jacket	Plain collared formal black only	Plain collared formal black only
Jumper	Plain black only. Available with AIC Logo	Plain black only- Available with AIC Logo
Pants	Plain black dress trousers only	Loose fitting, plain black dress trousers or black skirt
Shoes	Black leather laced-up school shoes	Black leather laced-up school shoes
Socks	White	White
Head cover	Islamic cap only	Plain white scarf with black cap underneath

All girls also require a white prayer outfit consisting of a long skirt and long head covering, to be worn daily for prayers.

AIC Uniform is available from Uniform shop located at AIC Kewdale.

REFUND POLICY

Australian Islamic College's Refund Policy is in accordance with Appendix A of the Department of Education Services' Policy Guidelines for the registration of providers of education services to international students (2014) as set out in the table below. This agreement does not remove the right to take further action under Australia's consumer protection laws.

No	REASON FOR REFUND	NOTIFICATION PERIOD	MINIMUM REFUND
1	Student application for a visa unsuccessful	Prior to semester or course commencement	Full refund of all fees and charges less the following amount: the lesser of: (a) 5% of the total amount of pre-paid fees received in respect of the student for the course before the default day; or (b) the sum of \$500. (ESOS Act subsection 47E(4))
2	If AIC withdraws offer, fails to provide program offered or terminates course.	Before or after semester/course commences	AIC will refund the unexpended pre-paid tuition fees received. AIC will comply with the Commonwealth ESOS Act 2000 (Sections 46 and 47) and the <i>Education Services for Overseas Students Legislation Amendment (Tuition Protection Service and Other Measures) Bill 2011</i> S47D & E

3	If AIC withdraws a student because the student has seriously breached the Full Fee Paying Overseas Student visa or school rules	After semester/course commences	No refund of the semester's fees and not less than 40% of fees applicable to a subsequent semester (ESOS Act Section 47A)
4	Student with a visa withdraws	More than 10 weeks before semester/course commences	Full refund less maximum of \$230.00 for administration expenses. The refund will be paid within 4 weeks of the student default/withdrawal. (ESOS Act subsection S47D)
5		More than 4 weeks and up to ten weeks before semester/course commences	80% of a semester's fees less \$230.00 for administration expenses. The refund will be paid within 4 weeks of the student default/withdrawal. (ESOS Act subsection S47D)
6		4 weeks or less before semester/course commences	50% of a semester's fees less up to \$230.00 for administration expenses. The refund will be paid within 4 weeks of the student default/withdrawal. (ESOS Act subsection S47D)
7		After semester/course commences and during first 4 weeks	44% of a semester's fees less administration costs of \$600.00. The refund will be paid within 4 weeks of the student default/withdrawal. (ESOS Act subsection S47D)
8		After the fourth week	No refund required

PARENT/GUARDIAN SIGNATURE

In signing this document I/we _____ (both parent's name/s) declare that I/we have carefully read the information contained in this Enrolment Form, in the Parental Undertakings Agreement, the AIC International Student Policy and the required information about the ESOS Act 2007. I/we understand the terms, conditions and rules of _____ (student name) attending the Australian Islamic College in Australia, and agree to abide by these. I/we understand the current fee structure and total cost per student per annum.

SIGNED (Parent or Guardian) ----- DATE -----

SIGNED (Parent or Guardian) ----- DATE -----