



Date of Application ____ / ____ / 202

Entered By _____

Al-Faisal College Primary (Auburn) Expression of Interest Form

Address: 149 Auburn Road, Auburn, NSW 2144 AUSTRALIA

Phone: (02) 8877 2000

Fax: (02) 8877 2011

Email: alfaisalcollege@afc.nsw.edu.au

Student's Details

Proposed Academic Year of Schooling*		Year of Entry	202__
<i>*Students entering Kindergarten should have turned 5 years old by 30 June</i>			
Surname			
Given Name(s)			
Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Gender	<input type="text"/> M <input type="text"/> F
Country of Birth	<input type="checkbox"/> Language other than English		
Verified by	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Citizenship
Residential Status	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Temporary Visitor
	Visa Number (if applicable) _____		
Address	Number: _____	Street: _____	
	Suburb: _____		Postcode: _____
Home Phone Number			
Name of Previous School	1. _____	Class: _____	
	2. _____	Class: _____	
	3. _____	Class: _____	
Name of other siblings in the family who attend Al-Faisal College	1. _____	Class: _____	
	2. _____	Class: _____	
	3. _____	Class: _____	
Name of other children applying to attend this School	1. _____	Year: _____	
	2. _____	Year: _____	
	3. _____	Year: _____	
Student lives with	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Guardian
<i>If parents are separated, please provide a copy of court/custody documentation</i>			

Medical Details

Does your child have any medical, social, emotional, physical or intellectual disabilities or learning difficulties or needs of which the School should be aware which may require the School to make adjustments to support the child?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If you answered YES above, please provide details and attach copies of all related medical and other documentation / reports and test results.	
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Special Circumstances

Does the student have any history of violent behaviour?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, provide further details.	
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Has the student ever been suspended or expelled from any previous school?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, describe the reason for suspension/expulsion.	
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Do you know of any other incidents in which the student has been involved outside of the school setting that the School needs to be aware of?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, please provide a brief outline of these incidents.	
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Privacy Notice

The College is collecting personal information about students and parents for the primary purpose of determining whether to offer the student a place at the College. It may collect further personal information for this purpose during the enrolment process. If the student is enrolled the personal information may also be used and disclosed in accordance with the collection notice provided at that time.

The School's Privacy Policy is available on the School's website. This sets out how parents and students can make a complaint about a breach of the Australian Privacy Principles and how the complaint will be handled.

Parent's Details

	Parent 1: Mother's Details	Parent 2: Father's Details
Name		
Address	Number: Street:	Number: Street:
	Suburb: Postcode:	Suburb: Postcode:
Mobile Phone		
Home/Work Phone		
Email		
Country of Birth		
Language other than English spoken at home		
Religion		
Occupation		

Alternate Contact Details

If you are unlikely to be contactable, please provide details of someone who we may contact in your absence.

Name	
Phone Number	
Relationship to the student	

Parent / Guardian Checklist

- Have you answered all questions? Please write NA for not applicable
- Have you brought the original document of the applicant's **birth certificate**?
- Have you brought the original document of the applicant's **passport / Australian Citizenship**?
- Have you brought the original document of the **Immunisation History Statement**?
- Have you attached a **photocopy** of the three most recent school reports?
- Have you brought a copy of the **NAPLAN** reports (if applicable)
- Have you brought **medical reports or health care plans** (if applicable)

School Fees & Additional Fees

- School fees are non-refundable.
- School fees must be paid prior to the end of the previous school term.
- Where there are repeated instances of late payment, the School has the right to require fees to be paid in advance prior to the beginning of the School year. If not so paid, the School may require the student to be withdrawn.
- Additional Fees such as sport, specialised programs, incursions and excursions will be separately billed. All additional fees must be paid in advanced and are compulsory as they form part of the school curriculum.

Declaration

I declare:

- (a) that the information provided in this form is complete, and is true and correct;
- (b) we understand that if the information provided is false or misleading any offer to enrol the student may be withdrawn or, if the student is enrolled, the enrolment may be terminated, and;
- (c) we have read the Terms and Conditions of Enrolment attached and agree that if the abovenamed student is offered a place we will accept these Terms and Conditions.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

- Birth Certificate
- Passport / Citizenship
- Immunisation History Statement (primary)
- School Reports – (recent 3)
- NAPLAN
- Application form signed
- Parents have read and received the Terms and Conditions

Comments: _____
