

ADMISSION AGREEMENT AND ENROLMENT FORM

OFFICE USE ONLY

SURNAME

NAME

YEAR LEVEL

IN THE YEAR

STUDENT ID

DEBTOR ID



LOCAL INTERNATIONAL

Prep - Year 5

KKCC - KING KHALID COBURG CAMPUS

CSC - CAROLINE SPRINGS CAMPUS

Year 6 - 10

MSC - MELBOURNE SENIOR CAMPUS

CSC - CAROLINE SPRINGS CAMPUS

Year 11 - 12

MSC - MELBOURNE SENIOR CAMPUS

CSC - CAROLINE SPRINGS CAMPUS

**OFFICE USE ONLY**

RECEIPT NO. _____

DATE RECEIPT _____

AMOUNT PAID _____

PLEASE USE BLOCKED LETTERING

STUDENT DETAILS

Family Name _____

Given Name _____

To enter year level _____ in the year _____ Gender Male Female

Date of birth _____ Country of birth _____

Religion _____ Nationality _____

Present school / Kinder _____

(INCLUDING OVERSEAS COUNTRIES)

Student lives with Both parents or Father only or Mother only Grandparents GuardianCurrent Court Order Yes No (IF YES, PLEASE ATTACH ANY DOCUMENTATION TO COURT ORDERS OR PARENTING PLANS)Australian Citizen Yes No Permanent Resident of Australia Yes NoLanguages spoken at home Arabic Turkish Indonesian Other _____

Mix of English and _____

Note: AIAE Must Be Notified Immediately If A Student Changes Address.

SIBLINGS ENROLLED AT AIAE

PLEASE, FILL IN IF APPLICABLE.

Names of other children at this Academy _____ Year Level _____

SIBLINGS ON WAITING LIST AT AIAE

FATHER / MALE GUARDIAN DETAILS

Fathers' Full Name _____

Residential _____

Address _____ Post Code _____

Postal Address _____ (IF DIFFERENT FROM ABOVE)

Country of Birth _____ Ethnic Background _____

Home Phone _____ Mobile _____

Work Details Employed Unemployed Pension Other Benefit _____

Occupation _____

Work Address _____ Post Code _____

Work Phone _____ Email _____

Signature of Parent / Guardian _____ Date _____

MOTHER / FEMALE GUARDIAN DETAILS

Mothers' Full Name _____

Residential _____

Address _____ Post Code _____

Postal Address _____ (IF DIFFERENT FROM ABOVE)

Country of Birth _____ Ethnic Background _____

Home Phone _____ Mobile _____

Work Details Employed Unemployed Pension Other Benefit _____

Occupation _____

Work Address _____ Post Code _____

Work Phone _____ Email _____

Signature of Parent / Guardian _____ Date _____

STUDENT CONFIDENTIAL MEDICAL REPORT

Doctor's Name _____ Phone No. _____

Medicare No. _____ Health Care Card No. _____ (IF APPLICABLE)

Medical/Hospital Insurance fund _____

Ambulance subscriber Yes No If yes, ambulance number _____

Emergency contact (Local Guardian other than Parents)

Contacts Name _____ Relationship to Student _____

Residential details _____

_____ Post Code _____

Home Phone _____ Mobile _____

Email _____

Please list all health problems your child may have:

Asthma Hearing Problem Allergies Other _____ (PLEASE SPECIFY)

STUDENT CONFIDENTIAL MEDICAL REPORT (CONT'D)

Is your child currently on long term prescribed medication? Yes or No

If so, please state the name of their medication, dosage and anything else that may assist us in taking care of your child.

Year of the last Tetanus Injection (Important):

Does your child have any allergies?

Yes or No

If yes, please provide extra information:

Has your child had any reaction to medicines or food?

Yes or No

If yes, please provide extra information:

Has your child ever had, or do they currently have any of the following conditions?

Please Tick (✓) Yes or No columns and provide specific details.

Condition	Yes	No	If Yes, Please provide Specific details
Asthma / Wheezing (mild / heavy)			
Epilepsy or fits of any type			
Migraine/ Severe headaches			
Heart Conditions			
Dizzy spells / Fainting / Blackouts			
Travel sickness			
Bed wetting			
Arthritis/ Joint problems			
Diabetes (what type?)			
Anxiety or panic attacks			
Has had any surgery previously?			
Hearing impairment / deafness			
Sight impairment / prescription glasses/ contact lenses			
Skin Disease			
High / low blood pressure			
Bronchitis or pneumonia			
Hay Fever / Sinus problems			
Blood disease or bleeding disorder			
Kidney or bladder disease			
Hepatitis or liver disease			
Back or major joint injury			
Fractures (broken bones)			
Other illness/injury/medical condition			

SOCIOECONOMIC/LANGUAGE BACKGROUND INFORMATION

Language Spoken	Student	Mother/Female Guardian	Father/Male Guardian
No, English Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Arabic (incl. Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Indonesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Malaysian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other _____ PLEASE SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest year of primary or secondary school the parents/guardians have completed? (FOR PERSONS WHO HAVE NEVER ATTENDED SCHOOL, TICK 'YEAR 9 OR EQUIVALENT OR BELOW')	Mother/Female Guardian	Father/Male Guardian
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

(PLEASE MARK ON BOX FOR EACH PERSON ONLY)

What is the level of the highest qualification the parents/guardians have completed?	Mother/Female Guardian	Father/Male Guardian
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advances Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (incl. Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No, non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

(REFER TO PAGE 6 TO COMPLETE THIS SECTION)

What is the occupation group of the mother/female guardian?
(Please turn over for occupation groups and indicate either 1,2,3, or 4)

What is the occupation group of the father/male guardian?
(Please turn over for occupation groups and indicate either 1,2,3, or 4)

Please select the appropriate parental occupation group from the list on the back of this form.

- 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.

RELEASE OF PERSONAL INFORMATION

Occasionally Australian International Academy may need to send personal information to various educational and or government bodies, e.g. Association of Independent Schools. Department of Education, Skills and Employment.

I / We _____ Parents / Guardian of _____
consent for the Academy to release my personal information when required. This authority is valid while my children remain enrolled at the Academy or until advised otherwise in writing.

Signature of Parent / Guardian _____ Date _____

LIST OF PARENTAL OCCUPATION GROUPS

GROUP 1

GROUP 1: Senior management in large business organisation, government administration and 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 service 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.

GROUP 2

GROUP 2: Other business managers, arts/media/sports persons and associate professionals

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

Specialist manager finance/engineering/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, restraint, 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.

GROUP 3

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 tradesmen/women are included in this group

Clerks bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, bond clerk, custom's 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.

GROUP 4

GROUP 4: Machine operators, hospitality staff, assistants, laborers 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, housekeeper.

Office assistants, sales assistants and other assistants.

Office typist, work processing/data entry/business machine operator, receptionist, office assistant.

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.

Laborers 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, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand.

Other worker laborer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

ACCEPTANCE OF POLICIES AND CONDITIONS

I / We have received a copy of the Academy's Policies and have familiarized myself with the contents. I / We accept all the set conditions and policies outlined therein and all other policies as published by AIAE. I / We promise to co-operate fully and sincerely with the Academy in implementing all policies and conditions. I/We understand that policies are subject to change.

Signature of Parent / Guardian _____

Witness
Name /Signature _____ Date _____
(AN OFFICER FROM THE ACADEMY)

EXCURSION POLICIES AND CONDITIONS

I / We hereby give blanket permission for our child to leave the Academy ground on organised excursions for educational and or recreational purposes throughout the years of his/her enrolment at the Academy. I / We also indemnify the Academy against any claim of litigation arising out of injury or sickness during, or as a result of, any excursion.

Student's Name _____ **Year Level of Admission** _____

Signature of Parent / Guardian _____

Witness
Name /Signature _____ Date _____
(AN OFFICER FROM THE ACADEMY)

CONSENT TO PUBLISHING STUDENTS' WORK OR PHOTOGRAPHS

I agree to the taking of photographs of my child during school activities, for the use by the school in educating students and promoting the school. I also agree to the publication of photographs or samples of work of (insert child's name) _____ in ways including, but not limited to , school newsletters online and in hardcopy, web sites or school annual magazines, subject to the conditions set out above, I will notify the school if I decide to withdraw this consent.

Signature of Parent / Guardian _____

Witness
Name /Signature _____ Date _____
(AN OFFICER FROM THE ACADEMY)

WITHDRAWING STUDENT FROM THE ACADEMY

1 - SHORT TERM LEAVE

- A short-term leave form must be completed and signed by parent/s.
- Short term leave must be approved in advance by Campus Head prior to leaving.
- Once approved a full Term's Tuition Fees must be paid in full to reserve a place for the student.
- Parents must notify the Academy if the leave will be extended.
- Upon return from leave, Parents/Guardians must bring students to the office to arrange for re-admission.

2 - PERMANENT WITHDRAWAL

- A Permanent withdrawal form must be completed and signed by the Parents/Guardians and given to office.
- One full Term's notice in writing must be given.
- When a student leaves AIAE part way through the year, an appropriate proportion of the school fees will be charged.
- If the account is not settled within 30 days the debt will be forwarded to a collection agency.

DECLARATION AND UNDERTAKING

I / We _____ **Parents / Guardian of** _____

have read all sections of the Admission, Enrolment and Fee Policy and understand the consequences of not observing the set conditions. I / We declare that we accept the policies in full and without any reservations. I / We also give the undertaking to pay the Fees on time and on the due date.

Signature of Parent / Guardian (Male)

(Male) _____

Date _____

Signature of Parent / Guardian (Female)

(Female) _____

Date _____

Please note: All signatures must be witnessed by an officer from the Academy

Witness
Name /Signature _____ Date _____
(PLEASE PRINT NAME)

HEAD OFFICE Melbourne Senior Campus - 56 Bakers Road, North Coburg, Victoria 3058 Australia
Phone + (613) 9350 4533 | Email aia@aia.vic.edu.au

AIA KING KHALID COBURG CAMPUS 653 Sydney Road, Coburg Victoria 3058 Australia
Phone + (613) 9354 0833 | Email aia@aia.vic.edu.au

AIA CAROLINE SPRINGS CAMPUS 183 - 191 Caroline Springs Boulevard Caroline Springs,
3023 Melbourne, Victoria, Australia Phone + (613) 8372 5446 | Email aia@aia.vic.edu.au