

Enrollment Date: / /

Enrollment Term: 1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup>/ 4<sup>th</sup>

**FEES PAYABLE** by a family are as follows: 1st child – \$100/term; 2nd& 3rd child – \$50 each/ term; any subsequent children are free. Account Name: *Gungahlin Mosque*; Account Number: **TBA** ; BSB: **TBA**

**Part A: Student(s) Details:**

Given Name	Family Name	Gender	Date of Birth (dd/mm/yyyy)	Aus. Citizen or Perm Resident	Name of Full Time School	School Grade	OFFICE USE ONLY	
							GMIS Level	Arabic Group

**Part B: Parent/Guardian Contact Details:**

	Parent 1 / Guardian			Parent 2 / Emergency Contact	
Given Name					
Family Name					
Home Phone		Mobile		Contact No.	
Address					

**Part C: Medical Conditions / History:**

Student Name:				
1. Does student have any medical condition?	Y / N	Y / N	Y / N	Y / N
2. Does student require any regular medication? (Provide Name and purpose of medication)	Y / N	Y / N	Y / N	Y / N
3. Does student suffer from any allergies, asthma, anaphylaxis, epilepsy or any other chronic condition?	Y / N	Y / N	Y / N	Y / N

Note: if you have answered yes to any of above question, please, provide further details: (Use separate sheet if you need more space)

- Students with medical conditions requiring an action plan must have them signed by a doctor. Without an action plan the School can only provide first aid treatment.
- Parents/guardians must give written permission and directions for the administration of any medication taken during School hours

**Part D: Parent / Guardian Consent and Signature:**

**Health & Well-Being:**

- I hereby give permission to the School to provide first aid or necessary treatment, as outlined in an action plan for above mentioned students. This may include calling an ambulance in a life-threatening situation.
- I acknowledge and agree that I am responsible for all costs incurred in providing medical treatment and associated services

for my child. I understand that every effort will be made by the School to contact the parent/guardian and/or emergency contact in the event of such illness or accident.

- I consent to the student receiving paracetamol for temporary pain relief.
- I understand that the School does not provide automatic personal injury or liability insurance for student accidents.

**Photo(s):**

- I consent to the school to take photographs of my child/ren and to publish photographs of your child.

**Discipline:**

- I agree that my child/children will adhere to Islamic conduct and Islamic dress code at the School.
- I will honor the decision taken by the Class Teachers and/or the GMIS Executive Committee in case of any unacceptable conduct or act that could cause problems to other students or in the smooth running of the School activities.
- I have read and understood the [GMIS General Information and Terms & Conditions of Enrolment](#) document. I accept the terms and conditions of enrolment.
- PARENTAL INVOLVEMENT:** One or both parents will be able to give *at least one day a term to help assist* with playground supervision or other tasks. Please enter your preferred days on the *GMIS Playground Supervision Roster*.

**ABOUT YOUR CHILD:** Is there anything we need to know about your child/children that would help teachers teach them best? Please use additional sheets if more space is required.

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- I certify that the information provided within this form is correct.

<b>Parent / Guardian Signature:</b>	
<b>Full Name:</b>	
<b>Date:</b>	/ /

**OFFICE USE ONLY: Enrolling Staff, Arabic Assessor & Treasurer:**

<p><b>Enrolling Teacher:</b> The following documentation have been given and explained to parent/guardian:</p> <ul style="list-style-type: none"> <li>• ACT CLSA Enrolment Form (relevant if admitted before May)- one per student, to be signed &amp; stamped from full-time school &amp; returned to GMIS</li> <li>• GMIS General Information &amp; Conditions of Enrolment – one per family</li> <li>• GMIS Year Schedule &amp; Timetable – one per family</li> <li>• Checked and ensured all parts of this form have been completed – no spaces left unanswered</li> </ul>	.....
	<b>Enrolling Signature</b>
<p><b>Treasurer:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrolment fee received. Amount: _____ Receipt No. _____ Dated _____</li> <li><input type="checkbox"/> Books paid for and collected.</li> <li><input type="checkbox"/> Arabic Group has been determined</li> </ul>	.....
	<b>Treasurer Signature</b>

**BOOKPACK:** I have received for each of my enrolled children, the following:

- Exercise books
- Pen/pencil
- Relevant text and workbooks

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Parent/Guardian Signature