

# ENROLMENT FORM



كلية الإمام علي  
IMAM ALI COLLEGE  
EST. 2005

Please complete the form and return it to the school by the due date  
Please complete a form for each child you wish to enrol

## STUDENT DETAILS

Surname

Given Name

Date of Birth  /  /  Male  Female

## RESIDENTIAL ADDRESS

Street Number

Street Name

Suburb

Postcode

## CONTACT DETAILS

Emergency Contact Number

Phone Number  -  Mobile

## CURRENT SCHOOL DETAILS

School Name

Current Year

## MEDICAL DETAILS

Does your child have  
any medical condi-  
tion?

No  Yes

If yes, please give details:

## PERMISSIONS

Do you give the school permission to use photographs of your child for  
media purposes including online social media?

Yes  No

Full Name

Signature

Date

## OFFICE USE ONLY

Student ID:

Term: 1 2 3 4