

Canberra Islamic School

130 Empire Circuit Yarralumla ACT 2600. PO Box 202 Woden ACT 2606

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Assalamu Alaikum wr wb

Dear Parents/Guardians,

Please fill in the following enrolment form for the ACT Community Languages Schools Association (ACTCLSA) that has to be signed and stamped by your child's full-time school.

Please fill in all details and then have the form signed and stamped by your child's full-time school and return to the CIS office as soon as possible.

The form is a requirement of the ACT Department of Education and is very important for our application for the ACT Community Language Schools Association grant which is used for, among other things, to subsidise the textbooks and each student gets.

We appreciate your support and quick response in this matter.

Wassalaam,

Sumaiya Quasim

Canberra Islamic School



ACT COMMUNITY LANGUAGE SCHOOLS ASSOCIATION (ACT CLSA) ENROLMENT FORM

Name of School: Canberra Islamic School

Language: Arabic

Please return form duly filled, signed and stamped to Canberra Islamic School

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| <p>STUDENT'S PERSONAL DETAILS</p> <p>Family name:</p> <p>Given name:</p> <p>Date of birth:</p> <p>Sex:.....(M/F)</p> <p>Address:.....</p> <p>Suburb:.....</p> <p>Postcode:.....</p> <p>Telephone:</p> <p>FULL-TIME SCHOOL DETAILS</p> <p>Day School attending:</p> <p>Grade in day school:.....</p> <p>Level in community language school:.....</p> <p>Permanent Resident status:</p> <p>Other Information</p> | <p>PARENT/GUARDIAN DETAILS</p> <p>Family name:.....</p> <p>Given name:.....</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p> <p>EMERGENCY CONTACT DETAILS</p> <p>Full Name:</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p> |
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Name of Parent/Guardian: (Please print)

Signature of Parent/Guardian: (Father/Mother/Guardian)

Date:/...../20...

To be completed by student's day school and returned to CIS

DECLARATION BY PRINCIPAL/DELEGATE OF STUDENT'S DAY SCHOOL

I certify that the applicant is a student in full - time attendance at this school and in the year level stated above.

The school has noted that the student is studying an additional language at the above community language school.

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| (Official stamp of school) | <p>Name & Signature of Principal/Delegate</p> <p>Name:</p> <p>Signature:</p> <p>Date:/...../20....</p> |
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