



Australian Islamic College Adelaide

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PO Box 62, Welland SA 5007
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Expression of Interest for Enrolment at Australian Islamic College Adelaide

Contact Information						
Full Name						
Address			Suburb/City		Post Code	
Home Phone			Mobile			
Email						
Student Details						
Please list below all the children intending to enrol						
Full Child Name	Date of Birth	Gender M/F	Current School Year	Desired Level of Entry	Commencement Year or Date	Current School Attending

Please include any related information/Questions below
