

Parent / Carer 1 / ADULT Self Enrolment Contact Details

First Name

[Grid for First Name]

Surname

[Grid for Surname]

Relationship to Student

[Grid for Relationship to Student]

Home Phone Number

[Grid for Home Phone Number]

Mobile Phone Number

[Grid for Mobile Phone Number]

Email

[Grid for Email]

[Grid for Email]

Background/ Heritage (Eg Maori Greek/ Italian)

[Grid for Background/ Heritage]

Emergency Contact (Child and Adult Enrolments, please complete this section)

First Name

[Grid for First Name]

Relationship to Student

[Grid for Relationship to Student]

Parent / Carer 2

First Name

[Grid for First Name]

Surname

[Grid for Surname]

Relationship to Student

[Grid for Relationship to Student]

Home Phone Number

[Grid for Home Phone Number]

Mobile Phone Number

[Grid for Mobile Phone Number]

Email

[Grid for Email]

[Grid for Email]

Background/ Heritage (Eg Greek/ Italian)

[Grid for Background/ Heritage]

Surname

[Grid for Surname]

Contact Ph No

[Grid for Contact Ph No]

3. Signatures

Permission to Photograph

I hereby give permission for myself and/or my child/ren to be photographed for the purpose of school publications and/or promotional material. (e.g. School Newsletter, Website, Displays and Folders of the Greek Afternoon Schools, etc) I authorise the use or reproduction for any recording referred to above without acknowledgement and without being entitled to remuneration or compensation.

[Yes/No checkboxes]

Verification of Enrolment Information

By signing below I agree that I will support the school rules and ensure my child/ren are aware of and understand The Community of Geelong Greek School Code of Conduct and Behaviour Management Policy and abide by the school's rules including expulsion on the basis of unacceptable behaviour, after three fair warnings.

The School Principal/Staff/ Committee members are hereby authorised to seek and administer emergency medical treatment as it reasonably necessary, which are reimbursable by the undersigned parent/guardian.

I certify that the information provided in this form is true and correct at the date of signing this form. I understand and agree that if my information should change in any detail, it will be my responsibility to inform the school in writing.

I acknowledge that annual fees are payable by the undersigned for the student/s mentioned in this form.

[Grid for Name]

Name

[Date grid]

Date

[Signature box]

Signature

OFFICE USE ONLY

Receipt No:

Date Levy Paid:

Receipt No. _____

Date Fees Paid: _____

FAMILY CODE: _____

Student Enrolment Form 2018

Student Information

Page ____ of ____

First Name **Όνομα**

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Surname **Επώνυμο**

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Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth **Ημερομηνία γέννησης**

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Gender

Male Female

Name of Day school student is attending / or Not Applicable for Adult Students

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2018 Year Level at **Day** school (eg Prep to Y12)

P 1 2 3 4 5 6
 7 8 9 10 11 12 **Adult**

Current knowledge of Greek

None Basic Moderate Strong

Residential Address

Unit/ No

--	--	--	--	--	--

Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--	--

Postcode

--	--	--	--	--	--

Mailing Address

Tick if same as Residential

P.O Box Unit/ No

--	--	--	--	--	--

Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--	--

Postcode

--	--	--	--	--	--

Medical Details/Special needs*

Does your child have any medical/special needs? No Yes

IF YES, Please tick medical conditions and give details and assistance/ treatment required

Allergies	<input type="checkbox"/>	
Hearing Impaired	<input type="checkbox"/>	
Visually Impaired	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

***For students with Special Needs:** Please include 3 colour copies of health care plan, Asthma and/or Action Plan for anaphylaxis if applicable and should be enclosed in an envelope marked *Personal and Confidential to the Principal The Geelong Community Greek School*

Court Orders

Are there any court orders in relation to the above enrolling student? No Yes, please provide the a Copy of the Court Orders