



GREEK ORTHODOX COMMUNITY OF SA INC
STUDENT ENROLMENT FORM 2014

Surname ----- Given Name(s) -----

Place of Birth -----
(Town/State/Country)

Date of Birth -----/-----/----- Age ----- Sex Male / Female

Home Address -----
----- State ----- Postcode -----

Postal Address (If different from above) -----
----- State ----- Postcode -----

Tel (Home) ----- Tel (Work) ----- (Mob) -----

Email -----

Father's Name ----- Mother's Name -----

Mainstream School where the student is enrolled -----
(Mainstream school is the school attended during week days)

Address ----- Suburb -----

Email -----

Student's Year Level at Mainstream School -----

Home Class Teacher -----

SACE Registration Number (if applicable) -----

Greek School student is enrolling in -----

Student's Year Level at Greek -----

Greek Language Class Teacher -----

In case of emergency, we should contact: Name -----

Address ----- Telephone (Home) ----- (Work) -----

Medical Information (Please include medication needed to be taken at school)
Does the child have a diagnosed medical condition which might need first aid? **Yes / No**
If yes, please circle relevant conditions:

Severe allergies Asthma Heart Condition Diabetes Joint condition Seizures

Other (specify) -----

Does your child need extra routine health support? (e.g. Support with medication management, continence care, psychiatric issues) **Yes / No**

If yes, please attach a copy of the order for the school's records.

Family Court Orders

Are there any current Court orders relating to this student?

If yes, please attach a copy of the order for the school's records.

If circumstances change, please inform the school immediately.

Details: -----

Photos

There are times when children may be photographed or filmed: e.g. special events, newspaper articles, television news items.

I give permission for my child to be filmed or photographed and for photos to be used for non profit promotional purposes **Yes / No**

Parent/Caregiver Signature: ----- **Date:** -----

Parent/Caregiver Name: -----
(please print)

I certify that this is the only ethnic school the student attends to learn Greek and I declare that to the best of my knowledge the information as stated above is correct.

Signature of Applicant ----- (If Student is 18 years and over)

Signature of Parent 1 ----- (If Student is 18 years or under)

Signature of Parent 2 ----- (If Student is 18 years or under)

Name of enrolling *Father / Mother* ----- (If Student is under 18 years)
(please print)

Date: -----

Please note the ethnic school may not be able to accept students who require extensive support. Ambulance and medical costs if applicable remain the responsibility of the parent/guardian.