

Γερά Αρχιεπισκοπή Αυστραλίας

The Greek Orthodox Parish & Community Of Kogarah & District "Resurrection Of Christ" Limited

Panagia Myrtiliotissa, Resurrection of Christ, Agia Elea

Ελληνική Ορθόδοξη Ενορία και Κοινότητα Κογαράη και Περιχώρων

Τρισυπόστατος Ναός Παναγίας Μυρτιδιωτίσσης, Αναστάσεως του Χριστού, Αγίας Ελέσης

16-20 Belgrave St, Kogarah NSW 2217

P.O. Box 260 Kogarah NSW 2217

Church Office - (02) 9587 5945. Greek School Email - schools@kogarahgreekorthodox.org.au

Greek School Mobile – 0432 291 226

GREEK SCHOOL ENROLMENT FORM - 2022

Student Attending: (Please Tick)

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Sans Souci <input type="checkbox"/>	Ramsgate <input type="checkbox"/>	Bald Face <input type="checkbox"/> Carlton South <input type="checkbox"/>	Brighton <input type="checkbox"/> Mortdale <input type="checkbox"/> Hurstville <input type="checkbox"/>	Carlton <input type="checkbox"/>	Kogarah <input type="checkbox"/>

Student Details: (Please Attach Copy Of Birth Certificate-New Students Only)

Surname:	
Given Name:	
Full Name written in Greek: (as per Baptism Certificate)	
Sex (Please Tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth ___/___/___
Day School Name and Suburb:	
Year Level in Day School:	
Year Level in Greek School:	
Does the Student Live with Primary Family (i.e both parents): (Please Tick) Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/>	
Custody Order: (Please Tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please attach court order documents.	

Emergency Contact Details: (Please List THREE Contacts)

	Name	Relationship	Telephone Number
1			
2			
3			

Medical History:

Does the student suffer from Allergies or Asthma?

If Yes, a current Action Plan must be attached with this form to proceed with the enrolment.

Yes

No

NOTE: An ambulance will be called.

Does the student suffer from any of the following impairments? (**Please Tick**)

Hearing: Yes No

Speech: Yes No

Vision: Yes No

Mobility: Yes No

If Yes to any, please provide details:

Student Medicare Number:

Primary Family Details

Parent/Guardian A Details: (Fill In * All Details Requested)

Surname: *
Given Name(s): *
Relationship to student: *
Address: *
Telephone Numbers: Home: * Work: * Mobile: *
Email Address: *

Parent/Guardian B Details: (Fill In * All Details Requested)

Surname: *
Given Name(s): *
Relationship to student: *
Address: *
Telephone Number: Home: * Work: * Mobile: *
Email Address: *

Permission to Publish Student's Work or Photographs or Videos.

Permission is requested for photographs of your child/children to be taken during school activities and to publish the photographs, and/or videos, and/or work on the Church and/or School's Website. If published, third parties would be able to view the photographs, and/or videos, and/or work.

Giving consent means that you agree to the following:

1. *The Greek Orthodox Parish and Community of Kogarah and District "Resurrection of Christ"* is able to photograph, video and publish photographs/videos/work of your child as many times as it requires in the ways mentioned above.
2. Your child's photograph/video/work may be reproduced either in colour or in black and white.
3. Your child's photograph/video/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
4. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
5. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/video/work.

This consent, will remain effective until such time as you advise the Community Language School otherwise.

- YES I agree to the publication of my child's photographs/videos/work as outlined above. I will notify the Community Language School in writing if I decide to withdraw this consent.
- NO I do not agree to the publication of my child's photographs/videos/work as outlined above. I will notify the Community Language School in writing if I decide to give consent.

Parent/Guardian Signature.

Date.

AUTHORITY TO PICK-UP (other than the parents)

I authorise the following
(Parent Name)

person/people to pick up my daughter/son

.....
(Student's Name)

in Year..... From.....
(Name of Greek School)

Full Name of Authorised Person to Pick Up Student	Relationship to student	Contact Telephone Number
1.		
2.		
3.		

Name of Parent

Signature of Parent

___/___/___

Date