GREEK ORTHODOX ARCHDIOCESE OF AUSTRALIA

Greek Orthodox Parish and Community of Belmore and District "All Saints"

Afternoon Greek Language School Enrolment Form 2026

For enquiries contact the Belmore Church Office. Phone: ***9789 1659*** *Email:* ***greekafternoonschool@allsaints.com.au***

Section 1 of 4: Student Details

Note: *It is important that student details match those held at the student's day school so that the community language school can receive government funding.*

1. First name: _____ **2.** Middle name(s):_____

3. Family name: _____

4. Full Name of student **in Greek**: _____

5. Date of birth: _____ **6.** Gender: _____

7. City and Country of birth: _____

8. Home Address: _____

9. Suburb: _____ **10.** Postcode: _____

11. Name of student's day school: _____

12. Address of day school: _____

_____

State: ☐ Catholic: ☐ Orthodox: ☐ Other independent: ☐ *Please specify* _____

13. Dates of attendance at day school (e.g. 02/2022 to present): _____

14. Student's day school Year level as at 2026: _____

15. If re-enrolling please specify Greek school Year level attended in 2025:_____

16. Student Residency Status: Australian citizen: ☐ Permanent resident: ☐ Other: _____

FOR ADMINISTRATIVE USE ONLY

Schedule of fees for 2026

	Tuition	***Books***	***Total fees***
Student of All Saints Grammar School	Free	$100	**$100**
Not a student of All Saints Grammar Day School	$300	$100	**$400**

Payment received by (name): _____

Date: _____ Receipt number: _____

Section 2 of 4: Parent/Guardian Details with whom this student normally lives

17. Full name of Parent/Guardian 1 **in English**: _____

Full name of Parent/Guardian 1 **in Greek**: _____

Relationship to student: _____ Country of birth:_____

Mobile phone: _____ Work phone: _____

Email: _____

Does this parent/guardian live with the student? Yes ☐ No ☐

18. Full name of Parent/Guardian 2 **in English**: _____

Full name of Parent/Guardian 2 **in Greek**: _____

Relationship to student: _____ Country of birth:_____

Mobile phone: _____ Work phone: _____

Email: _____

Does this parent/guardian live with the student? Yes ☐ No ☐

19. Emergency Carer Contact 1 Details *(only complete if **different** from parent/guardian details above)*

Emergency contact name: _____

Relation to student: _____

Emergency contact phone: _____

Section 3 of 4: Medical Information

20. Does the student suffer from any allergies? Yes ☐ No ☐

If so, please specify:

_____

_____

_____

_____

_____

_____

21. Does the student require an EPIPEN or INHALER? Yes ☐ No ☐

If Yes, please provide details on how to administer and discuss with the student's teacher when enrolling:

_____

_____

_____

_____

_____

22. Does the student have any other medical conditions or diagnoses? Yes ☐ No ☐

If Yes, please specify:

_____

_____

_____

_____

23. Is your child currently on any medication? Yes ☐ No ☐

If Yes, please specify:

_____

_____

_____

24. Does your child have an Individual Health Plan in place? Yes ☐ No ☐
<u>If Yes, PLEASE ATTACH A COPY TO THIS FORM</u>

Section 4 of 4: Permissions and Conditions

25. <u>Photography Consent</u>:

There may be occasions and events where staff photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, for educational projects, to promote Greek language studies including online marketing or social media sites or to communicate with our parents or community.

Please select one of the two options:

☐ I **consent** to the community language school using photographs/video recordings of my child as described above.

☐ I **do not consent** to the community language school using photographs/video recordings of my child as described above.

You may withdraw your consent at any time however please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.

26. Privacy Collection Notice – Protecting your privacy and sharing information

Please note that information about your child and family collected through this enrolment form will only be shared with school staff on a need-to-know basis to enable the community language school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. This includes using the contact information provided if there are any emergencies or medical issues. Your child's personal information contained in this enrolment form may be shared with the NSW Department of Education and Training for data verification and to confirm eligibility for government grants. Any such possible funding is distinct from annual student fees.

28. Payment of fees:

Fees must be paid in full upon enrolment.

I have read the above conditions and have indicated as appropriate. I also confirm that the information provided on this enrolment form is true and correct:

I agree to pay all fees upon enrolment.

Full name of Parent/Guardian:

_____

Signature of Parent/Guardian:_____

Date: _____