

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



Afternoon Greek Language School Enrolment Form 2024



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 in the Greek Language: _____

5. Date of birth: _____ / _____ / _____ 6. Gender: _____
dd mm yyyy

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 2024: _____

15. If re-enrolling please specify Greek school Year level attended in 2023: _____

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

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

17. Full name of Parent/Guardian 1: _____

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: _____

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 EIPEN 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

If Yes, PLEASE ATTACH A COPY TO THIS FORM

Section 4 of 4: Permissions and Conditions

25. Photography Consent:

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**. The Schedule of fees for 2024 is as follows:

	Tuition	Books	Total fees
<i>Student of All Saints Grammar Day School</i>	Free	\$100	<u>\$100</u>
<i>Not a student of All Saints Grammar Day School</i>	\$300	\$100	<u>\$400</u>

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:

Full name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____
 dd mm yyyy

For enquiries contact the Belmore Church Office. Phone: 9789 1659 Email: greekafternoonschool@allsaints.com.au
Classes commence on Tuesday 13 February 2024.

FOR ADMINISTRATIVE USE ONLY

Payment received by (name): _____

Date: _____

Receipt number: _____