

Η ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΚΟΙΝΟΤΗΤΑ
 HELLENIC ORTHODOX COMMUNITY
 Kingsgrove, Bexley North, Beverly Hills & Districts Limited
 PO Box 4026, BEXLEY NORTH NSW 2207
 ABN: 70 002 841 090

Student Enrolment Form

Student Personal Details															
Surname or Family Name	<input style="width: 100%;" type="text"/>														
First Name	<input style="width: 100%;" type="text"/>														
Second Name	<input style="width: 100%;" type="text"/>														
Preferred Name (if any)	<input style="width: 100%;" type="text"/>														
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female														
Date of Birth	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Year</td> </tr> <tr> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">/</td> <td style="border: none;"></td> </tr> </table> <input style="width: 100%; height: 20px;" type="text"/>	Day	Month	Year	/	/									
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/	/														
Contact Number/s	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Telephone no.</td> <td style="border: none; width: 50%;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Mobile no.</td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	Telephone no.	<input style="width: 100%;" type="text"/>	Mobile no.	<input style="width: 100%;" type="text"/>										
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Mobile no.	<input style="width: 100%;" type="text"/>														
Residential Address <i>This must be a street address not a post office box address</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">No.</td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Street name</td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Suburb</td> <td style="border: none;">Postcode</td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border: none;">Email address</td> </tr> <tr> <td colspan="2" style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	No.	<input style="width: 100%;" type="text"/>	Street name	<input style="width: 100%;" type="text"/>	Suburb	Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Email address		<input style="width: 100%;" type="text"/>			
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Email address															
<input style="width: 100%;" type="text"/>															
Address for School Correspondence <i>Please provide an email address if available. This will be used as the preferred method of communication.</i>	<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="border: none;">Mail address</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Same as Above</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other – Please specify</td> <td style="border: none;"></td> </tr> <tr> <td colspan="2" style="border: none;">Post office box number or street number and name</td> </tr> <tr> <td colspan="2" style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="border: none;">Suburb</td> <td style="border: none;">Postcode</td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	Mail address		<input type="checkbox"/> Same as Above		<input type="checkbox"/> Other – Please specify		Post office box number or street number and name		<input style="width: 100%;" type="text"/>		Suburb	Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Suburb	Postcode														
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>														
Name of Mainstream School	<input style="width: 100%;" type="text"/>														
Greek School Enrolment Details	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">4</td> <td style="border: none; text-align: center;">5</td> <td style="border: none; text-align: center;">6</td> <td style="border: none; text-align: center;">7</td> </tr> <tr> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Please indicate the year level the student is enrolling in?															

Office Use Only: Teacher: _____

School: _____

About the Student's Health and Wellbeing

Please provide the details of any medical conditions and/or allergies • Please attach a list if insufficient space	Medical Condition / Allergies
	1
	2
	3

Emergency Contacts

In the event of illness or injury, the school will endeavour to contact the parent or guardian nominated on this form. However, if a parent or guardian cannot be reached, please nominate an alternative person to be contacted.

Contact Name	Relationship to the student	Address	Work Ph.	Home Ph.	Mobile
1					
2					

Emergency Medical and Transportation Declaration

In the event of an emergency, I hereby give permission for my child to be transported to a safe place or place of medical treatment by ambulance or other form of transport. Costs associated with this action are the responsibility of the person signing this form.

	First Parent or Guardian	Second Parent or Guardian
9 Parent or Guardian Details	Surname or family name <input type="text"/>	Surname or family name <input type="text"/>
	Given name <input type="text"/>	Given name <input type="text"/>
	Relationship to Student	Relationship to Student
	Emergency Contact Number(s)	Emergency Contact Number(s)

Permission to Photograph

I hereby give permission for my child to be photographed for the purpose of school publications and/or promotional material.

Signed:

Day Month Year
Date: / /

Indicate whose signature appears by ticking one box.
Signed by: First parent or guardian
 Second parent or guardian

Verification of Enrolment Information

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, further acknowledge, that annual fees are payable by the undersigned for the child mentioned in this form.

Signed:

Day Month Year
Date: / /

Indicate whose signature appears by ticking one box.
Signed by: First parent or guardian
 Second parent or guardian

HELLENIC ORTHODOX COMMUNITY
Kingsgrove, Bexley North, Beverly Hills & Districts Limited
PO Box 4026, BEXLEY NORTH NSW 2207
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The Hellenic Orthodox Community of Kingsgrove, Bexley North, Beverly Hills and Districts would like to welcome all the children enrolling at our schools for the New Year.

For class planning purposes, enrolment forms for next year must be received by mid December.

The School fees for the year are:

One Child	\$250.00
Second Child	\$230.00
Third Child or more	FREE

All School Fees should be paid in full either upon return of this enrolment form or prior to commencement of classes in the New Year.

Payment options:

- Cheque** payable to:
Hellenic Orthodox Community of Kingsgrove, Bexley North, Beverly Hills and Districts Limited. Please forward payment to: **P.O. Box 4026, Bexley North NSW 2207**
- Electronic Funds Transfer (EFT)** as follows:
Payee: **Hellenic Orthodox Community**
Bank: **ANZ Bank**
Account: **220606688**
BSB: **012-305**

If you are experiencing any difficulties with payment of School fees, please contact the President Andrew Katsanos on 0425 322 288 or Peter Skirlis 0419 761 868

We thank you for your support and hope this year will be another great one, where we can achieve with your ongoing help only the best results for our children.

Kind regards

The Committee

On behalf of Hellenic Orthodox Community Of Kingsgrove, Bexley North, Beverly Hills & Districts Ltd.