

**Η ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΚΟΙΝΟΤΗΤΑ**  
 Kingsgrove, Bexley North, Beverly Hills & Districts Limited  
 PO Box 26, BEXLEY NORTH NSW 2207  
 ABN: 70 002 841 090

### Student Enrolment Form

<b>Student Personal Details</b>	
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	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> <div style="text-align: center; margin-top: 5px;">/   /</div>
Contact Number/s	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Telephone no.</div> <div style="border: 1px solid black; padding: 2px;">Mobile no.</div>
<b>Residential Address</b>  <i>This must be a street address not a post office box address</i>	No. <input style="width: 100px;" type="text"/>  Street name <input style="width: 100%;" type="text"/>  Suburb <input style="width: 60%;" type="text"/> Postcode <input style="width: 150px;" type="text"/>  Email address <input style="width: 100%;" type="text"/>
<b>Address for School Correspondence</b>  <i>Please provide an <b>email address</b> if available. This will be used as the preferred method of communication.</i>	Mail address <input type="checkbox"/> Same as Above <input type="checkbox"/> If other – please specify Post office box number or street number and name <input style="width: 100%;" type="text"/>  Suburb <input style="width: 60%;" type="text"/> Postcode <input style="width: 150px;" type="text"/>
<b>Name of Mainstream School</b>	<input style="width: 100%;" type="text"/>
<b>Greek School Enrolment Details</b> Please indicate the year lever the student is enrolling in?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

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
<b>Parent or Guardian Details</b>	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 <input type="text"/>	Relationship to Student <input type="text"/>
	Emergency Contact Number(s) <input type="text"/>	Emergency Contact Number(s) <input type="text"/>
	<input type="text"/>	<input type="text"/>

**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, 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

Office Use Only: Receipt no: \_\_\_\_\_ Date Fees Paid:

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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 year of 2010.

**Please note, this year all enrolment forms for 2010 must be received by 19 December 2009 for school classroom planning purposes.**

The School fees for the year are:

**One Child                    \$250.00**

**Second Child                \$230.00**

**Third Child                  \$210.00**

There is a reduction of \$20.00 for each additional child.

All School Fees should be paid in full either upon return of this enrolment form or prior to commencement of classes in 2010.

**Payment options:**

1. **Cheque** payable to:  
**Hellenic Orthodox Community of Kingsgrove, Bexley North, Beverly Hills and Districts Limited.** Please forward payment to: **P.O Box 26, Bexley North, NSW 2207**
  
2. **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 Mr Jim Zoras (President) on 0408 213 903.

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 the Hellenic Orthodox Community Of Kingsgrove, Bexley North, Beverly Hills & Districts Ltd.