



GREEK ORTHODOX COMMUNITY OF SAINT GEORGE

GREEK ETHNIC SCHOOL

YEARS 1 – 12 ENROLMENT FORM

The following personal information is required from students, parents and guardians so that a plan can be made to provide quality education services taking into consideration the available resources:

CHILD DETAILS

Surname		Christian Name(s)	
Surname (in Greek)		Christian Name (in Greek)	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Country of Birth and or Cultural Background		HOME ADDRESS Street Name / number	
Grade in mainstream school		Suburb / Postcode	
Name of mainstream school		Name(s) of sibling(s) also attending Greek School	
School Type - Government / Indep / Catholic / Indep. Catholic		Religion	

DAYS YOUR CHILD WILL BE ATTENDING

DAYS	MONDAY Grades 1 to 6	TUESDAY Grades 7 to 12	SATURDAY Grades 1 to 10
PLEASE TICK			

Greek School Year Level in 2017

(please circle) 1 2 3 4 5 6 7 8 9 10 11 12 Accelerated

PARENT/GUARDIAN DETAILS

First Parent/Guardian		Second Parent/Guardian	
First Name		First Name	
Surname		Surname	
Relationship to child		Relationship to child	
Street name		Street name	
Suburb/Postcode		Suburb/Postcode	
Home Phone		Home Phone	
Mobile phone		Mobile phone	
Email		Email	
Workplace		Workplace	
Occupation		Occupation	
Work phone		Work phone	
Religion		Religion	
Country of origin		Country of origin	

EMERGENCY CONTACTS (Other than Parents) **THIS MUST BE COMPLETED**

1) Surname		Christian Name	
Address		Mobile Phone No	
Home Phone No		Business Phone No	
Relationship to Child			
2) Surname		Christian Name	
Address		Mobile Phone No	
Home Phone No		Business Phone No	
Relationship to Child			

ADMINISTRATION & FEE TERMS

	1 child	2 children	3 or more children
	\$420 tuition \$50 Resource Levy \$30 Admin/Membership fee Total - \$500	\$520 tuition \$50 Resource Levy per child \$30 Admin/Membership fee per family Total - \$650	\$620 tuition \$50 Resource Levy per child \$30 Admin/Membership fee per family Total - \$650 + \$50 / child
PLEASE TICK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW GOC MEMBER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL DETAILS

Any known medical issues ? If so, please describe:			
Family Doctor		Phone No	
Doctor's Address / practise			

KNOWN ALLERGIES

Foods - Intolerances or Allergies PLEASE SUPPLY ALL INFORMATION FROM YOUR DOCTOR	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Antiseptic Cream, Band Aids, Stingose	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	

A HEALTH MANAGEMENT PLAN IS TO BE PROVIDED BY A MEDICAL PRACTITIONER FOR ALL ALLERGIES

Health Management Plan for Allergies Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Record Sighted (Office Use Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL CONDITIONS

Does your child suffer from Anaphylaxis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from Asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a behavioural impairment (eg ADD,ADHD, Aspergers, Autism)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a learning impairment (eg Dyslexia)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a seizure disorder (eg Epilepsy)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a speech impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from a visual impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of these, what Medication is being used?	
How often is Medication to be administered?.....	
Does your child have a disability, Special need or Special Requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please give details of actions required and any medication which is needed.	

A HEALTH MANAGEMENT PLAN IS TO BE PROVIDED BY A MEDICAL PRACTITIONER FOR ALL MEDICAL CONDITIONS

Health Management Plan for Medical Conditions Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Record Sighted (Office Use Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTHORISATION IS REQUIRED FOR THE FOLLOWING ACTIONS

Permission to Photograph child

As part of the general promotion and activities of the school, information about and images of your child may be published in various locations, including school publications, general media, the Internet and the school network (electronic services, software and documents available only within the school). Usually these relate to achievements, participation in school events or other situations in which our students are being featured. We consent for our child to be videoed or photographed name identified for public viewing e.g. News special, newspaper article, promotional purposes.. All other information will remain confidential.

Signed..... **Date**.....

The parent(s) / guardian(s) give authority for the Greek Ethnic School of St George, Brisbane to publish images of and information about our child in the following situations:

- Through the internet **Yes** **No**
- In school and community publications **Yes** **No**
- At school functions **Yes** **No**
- In the general media **Yes** **No**

Parent's or Guardian's Signature..... **Date**.....

Internet Use Agreement: Parent or Guardian

We understand that the Internet can provide students with valuable learning experiences. We also understand that it gives access to information on computers around the world, that the school cannot control what is on those computers and that a very small part of that information can be illegal, dangerous or offensive. We accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information should depend finally upon responsible use by students.

We believe our child understands this responsibility and we hereby give permission for him/her to access the Internet under the school rules. We understand that students breaking these rules will be subject to appropriate action by the school. This may include loss of internet access for some time.

Parent's or guardian's name.....Parent's or guardian's signature.....Date.....

Permission for the administering of medication(s)

We understand that if, in the case of an emergency and medication is required to be administered to our child(ren), We will write **(INCLUDING A HEALTH MANAGEMENT PLAN FROM A GP)** to the Principal of the Greek Orthodox Community of Saint George, Ethnic Greek School, to authorise administering the required medication. We understand that the required medication must be described and the instructions per dosage must be clearly marked on bottle/packaging. We understand that if this is not conducted, Teachers are not authorised to administer any form of medical to our child(ren) under any circumstances.

Signed.....Date.....

Permission for staff to act in case of emergency including Medical/Ambulance

We understand that if, in the case of sudden illness or an accident, the Principal or any other responsible staff member, as agent for the parent/parents, shall have Permission to arrange immediate medical / ambulance attention at our expense.

Signed.....Date.....

Greek Dancing Classes

We consent for our child to take part in Greek dancing classes with The Greek Orthodox Community of Saint George, if or when it may be offered throughout the Academic Year.

Signed.....Date.....

Greek School Parent Committee

I/ We wish to register my/our interest in being appointed to any parents and citizens committee that may be established for 2017.

Signed.....Date.....

Clarification of details provided

We.....declare that the information provided in this enrolment form is to the best of our knowledge accurate and complete. We understand that it is the responsibility of the parent(s) to notify the school in writing of any changes to the information provided on this enrolment form.

Name of parent(s) / guardian(s) enrolling the student and providing consents:

Print name (Parent 1).....Print name(Parent 2).....

Signature..... Signature.....

Date..... Date.....

ADDITIONAL FAMILY INFORMATION

Do you have joint custody? It is the parents responsibility to advise the Greek Ethnic School of St George, Brisbane and Family Assistance Office 13 61 50	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a Family Law Court or Restraining Order apply to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please specify details:	
Please supply current copies which carry Family Law Court Stamp & Details of any Court Orders, Parenting Orders or Parenting Plans	
Are you a single Parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a foster carer for this/these child(ren)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other special Family conditions in which you believe the the Greek Ethnic School of St George, Brisbane, needs to be made aware? If Yes, please specify details:	