Greek Orthodox Community of Saint George

Greek Ethnic School

YEARS 1 – 12

2025 Enrolment Form – Internal Students

## **STUDENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Christian Name(s) |  |
| Surname (in Greek) |  | Christian Name (in Greek) |  |
| Sex | Male 🞎 Female 🞎 | 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 / Independent / Catholic / Independent Catholic |  | Religion |  |

## **2025 GREEK SCHOOL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAYS** | **MONDAY**Grades 1 to 6 | **TUESDAY**Grades 7 to 12 | **SATURDAY**Grades 1 to 10 |
| **PLEASE TICK** |  |  |  |
| **Greek School Year Level in 2025** |
| (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***

|  |  |
| --- | --- |
| **First Emergency Contact** | **Second Emergency Contact** |
| Surname |  | Surname |  |
| Christian Name |  | Christian Name |  |
| Address |  | Address |  |
| Mobile Phone No |  | Mobile Phone No |  |
| Home Phone No |  | Home Phone No |  |
| Business Phone No |  | Business Phone No |  |
| Relationship to Child |  | Relationship to Child |  |

## **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 🞎 No 🞎 |  |
| **Antiseptic Cream, Band Aids, Stingose** | Yes 🞎 No 🞎 |  |
| **Other** | Yes 🞎 No 🞎 |  |

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

|  |
| --- |
| Health Management Plan for Allergies Provided Yes 🞎 No 🞎 |
| ***Health Record Sighted (Office Use Only )*** Yes 🞎 No 🞎 |

## **MEDICAL CONDITIONS**

|  |
| --- |
| Does your child suffer from Anaphylaxis? Yes 🞎 No 🞎Does your child suffer from Asthma? Yes 🞎 No 🞎Does your child suffer from a behavioural impairment (*e.g. ADD,ADHD, Aspergers, Autism)*? Yes 🞎 No 🞎Does your child suffer from a hearing impairment? Yes 🞎 No 🞎Does your child suffer from a learning impairment (e.g. Dyslexia)? Yes 🞎 No 🞎Does your child suffer from a seizure disorder (e.g. Epilepsy)? Yes 🞎 No 🞎Does your child suffer from a speech impairment? Yes 🞎 No 🞎Does your child suffer from a visual impairment? Yes 🞎 No 🞎 |
| 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 🞎 No 🞎 |
| 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 🞎 No 🞎 |
| ***Health Record Sighted (Office Use Only)*** Yes 🞎 No 🞎 |

## **AUTHORISATION IS REQUIRED FOR THE FOLLOWING ACTIONS**

**Permission to Photograph or Video 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 e.g. News special, newspaper article, promotional purposes. All other information will remain confidential.

**□ Yes □ No**

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 (including Australian Greek newspapers **□ Yes □ No**

The parent(s) / guardian(s) give authority for the Greek Ethnic School of St George, Brisbane to publish video of our child on Google Drive or private Youtube (where the public cannot search these videos and which can only be accessed by a link, requested from the school or supplied by the school).

**□ Yes □ No**

**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.

**□ Yes □ No**

**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.

**□ Yes □ No**

**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.

**□ Yes □ No**

**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.

**□ Yes □ No**

**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 2025.

**□ Yes □ No**

**=====================================================================================**

**Clarification of details provided**

I declare that the information provided in this enrolment form is to the best of my knowledge accurate and complete. i 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 / guardian enrolling the student and providing consents:

**Print name (Parent)…………………………………………………………………………………………………………………………….**

**Signature…………..…………………………………………………………… Date…………………………………………………………..**

## **ADDITIONAL FAMILY INFORMATION**

|  |  |
| --- | --- |
| Do you have joint custody?It is the parent’s responsibility to advise the Greek Ethnic School of St George, Brisbane and Family Assistance Office 13 61 50 | □ Yes □ No |
| Does a Family Law Court or Restraining Order apply to your child? | □ Yes □ No |
| 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 □ No |
| Are you a foster carer for this/these child(ren)?  | □ Yes □ No |
| Are there any other special Family conditions in which you believe the Greek Ethnic School of St George, Brisbane, needs to be made aware? If Yes, please specify details:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |