



Enrolment Form 2017

Student Details

Surname:	
Given Name:	
Full Name in Greek:	
Sex (tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	Date Of Birth ____/____/____
Day School Name and Suburb:	
Year Level In Day School:	
Year Level In Greek School:	
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father	
Custody Order : <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes please attach court order document/s	

Home Details

No & Street Address:	
Suburb:	
State:	Postcode:
Home Number:	Mobile Number:
Email Address:	

Medical History

Does the student have any medical condition?

Yes

No

If yes, please specify:

Does the student suffer from Allergies or Asthma?

(If YES Action Plan must be attached)

Yes

No

List Symptoms:

If my child displays any of the above symptoms please tick below:

Administer Medication

Inform Emergency Contact

Other Medical Action (If yes please specify)

Call Ambulance

Does the student take medication? Yes No

If yes name of medication:

Is the medications taken regularly as a preventative or in response to symptoms? Preventative Response

Medication is administered by Student Teacher Parent

Indicate the usual dosage of medication:

Indicate how frequent the medication is taken:

Medication is stored: with student with teacher

Fridge

Dosage time:

Does the student suffer from any of the following impairments?

Hearing: Yes No

Speech: Yes No

Vision: Yes No

Mobility Yes No

Student Medicare Number:

Ambulance Member: Yes No

Emergency Contact Details

1 st Contact Name:	
Number:	Relationship:

2 nd Contact Name:	
Number:	Relationship:

3 rd Contact Name:	
Number:	Relationship:

Parent/Guardian Details Mother/Guardian

Surname:	
First Name:	
Country of Birth:	
No & Street Address:	
Suburb:	
State:	Postcode:
Home Number:	Mobile Number:
Email Address:	

Parent/Guardian Details Father/Guardian

Surname:	
First Name:	
Country of Birth:	
No & Street Address:	
Suburb:	
State:	Postcode:
Home Number:	Mobile Number:
Email Address:	

TUITION FEES

Primary School	\$560	Per Term	\$140.00
Secondary School	\$580	Per Term	\$145.00
VCE	\$640	Per Term	\$160.00

3rd child pays on \$350 per year

4th Child is free

Tuition fees can be paid by cheque, direct deposit, money order or cash.

Payments can be posted to:

(Please do not send money by post)

Pedia Greek School

PO Box 681

Patterson Lakes VIC 3197

Direct Deposit bank details are:

- BSB: 063 121
Acct: 1089 1193
Acct Name: Pedia Greek School
Reference: Your family Surname (so we know who the funds belong to)
- A \$50 deposit is required to secure a position for your child. All deposit amounts will be deducted from Term 1 Tuition Fees.
- A \$40.00 discount is given to each student if the Tuition Fees are paid in full by Monday 6th February 2017.
- If the Tuition Fees are paid by term installments, the fees are due by the first week of each term. All late payments will incur a \$20 late fee.
- Tuition Fees are non refundable.
- Tuition fees are fixed regardless of how many weeks students attend school, 4 terms of fees are due regardless of commencement or completion date.
- Report certificates/cards will not be distributed unless fees are paid in full.
- The parent/guardian who signs The Enrolment Form is responsible for the Tuition Fees.

This confidential enrolment form asks for personal and medical information so we can properly care for your child.

In the event of illness or injury to my child whilst at school, I authorise the teacher in charge of my child if I am unable to be contacted or if it is impracticable to contact me:

- I consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- I consent to my child receiving first aid if redeemed necessary.

From time to time we may take pictures and/or conduct video recordings during school projects. We would like your permission to use these pictures and video on our school website, in promotional material, or in emails to parents. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures and videos; we will use them exclusively for Pedia Greek School.

_____ **YES I grant you permission to use photos and video recordings of my child for Pedia Greek School.**

_____ **NO Please do NOT take or use any photos/ video recordings of my child.**

Parent/Guardian's Signature: _____

Thank you for taking the time to complete this Student Enrolment Form. We understand that the information you have provided is confidential and will be treated as such. The details are required so staff are able to properly enroll your child at our school.

A \$50.00 deposit is required to secure a position for your child.

I certify that the information completed in this form is correct:

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____