

Pedia Greek School

Campus:
Westall Secondary College
88 Rosebank Avenue, Clayton South VIC 3169

Po Box 681, Patterson Lakes VIC 3197
Ph: 9028 2088 or 0456 114 829
enrolments@pediagreekschool.org.au
<https://pediagreekschool.org.au>



Enrolment Form 2019

Preferred day for student to attend: (Please tick boxes where applicable)

Monday <input type="checkbox"/>	Saturday <input type="checkbox"/>
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Student Details

Surname:	
Given Name:	
Full Name in Greek:	
Sex (tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	Date Of Birth ____/____/____
Nationality:	Religion:
Language spoken at home:	
Day School Name and Suburb:	
Year Level in Day School: Is your child currently enrolled at another community language school to learn the same language? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which school? _____	
Has your child ever been enrolled at another community language school to learn the same language <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which school? _____	
Year Level in Greek School:	
Student Lives With: <input type="checkbox"/> Primary family <input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced Custody Order : <input type="checkbox"/> YES <input type="checkbox"/> NO	

If yes please attach court order document/s

Is your child:
 An Australian citizen/Permanent resident YES NO
 A full-fee paying international student YES NO
 Other If other, please specify: _____

Emergency Contact Details

	Name	Relationship	Telephone Contact
1			
2			
3			

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 your child displays any of the symptoms listed above, please tick what action/s should be undertaken:

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: <input type="checkbox"/> with student <input type="checkbox"/> with teacher <input type="checkbox"/> Fridge	
Dosage time:	
Does the student suffer from any of the following impairments?	
Hearing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Medicare Number:	Position on card:
Ambulance Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Family Details
Adult A Details (Primary Carer)

Surname:	
First Name:	
Relationship with student:	
Address:	
Home Number:	Mobile Number:
Email Address:	

Adult B Details

Surname:	
First Name:	
Relationship with student:	
Address:	
Home Number:	Mobile Number:
Email Address:	

Permission for Publication of Photos and Recordings

From time to time, we may take pictures and/or conduct video recordings during school projects/events.

We would like your permission to use these pictures and video on our school website, in promotional material, or in emails to parents.

Your child will not be referenced by name and there will be no specific information regarding your child if photos and videos are published.

Photos and videos are only used for the purpose of 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.

Signature: _____

TUITION FEES

Primary School	\$580	Per Term	\$145.00
Secondary School	\$600	Per Term	\$150.00
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 4th February 2019.
- 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.

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.

Signature: _____

Privacy Collection Notice – Protecting your privacy and sharing information

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.

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfill legal obligations including duty of care, anti-discrimination law and occupational health an safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful, For more about information-sharing and privacy, see the Department’s privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

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

Print Name : _____

Signature: _____ Date: _____