



All information contained herein will be held private and confidential. Information may be used for government funding purposes which supports the provision of our education programs.

Day of attendance (please circle)	WED	THUR	FRI	SAT
<b>Surname</b>	<b>English</b>		<b>Greek</b>	
<b>First Name</b> <small>(Please write it as it is OFFICIALLY written at your child's day school)</small>	<b>English</b>	<b>Greek</b>	<b>Middle name:</b>	
<b>Gender</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Date of birth</b>	
<b>Parent/Guardian Full name</b> <small>(Please write it as it is OFFICIALLY written at your child's day school)</small>			<b>Parent/Guardian relationship</b>	
<b>Parent/Guardian Full name</b> <small>(Please write it as it is OFFICIALLY written at your child's day school)</small>			<b>Parent/Guardian relationship</b>	
<b>Child lives with (please tick)</b>	Both parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please specify):
<b>Home Address</b>	<b>Street Number:</b>		<b>Street Name:</b>	
	<b>Suburb:</b>		<b>Postcode:</b>	
<b>Parent/guardian Telephone no.</b>	<b>Father/Guardian:</b>		<b>Mother/Guardian:</b>	
<b>Parent/guardian email address</b>				
<b>Name of mainstream school and Campus</b>	<b>Name of school:</b>		<b>Campus:</b>	
<b>Year level at day school</b>			<b>Year Level at Greek school</b>	
<b>Student Health Information</b> <small>Does your child have an ongoing health issue? Please tick</small>	YES <input type="checkbox"/> - If yes please complete the Student Health form NO <input type="checkbox"/>			
<b>Emergency contact details (other than parents)</b>	<b>Name:</b>	<b>Relationship to child:</b>	<b>Telephone Number:</b>	

**Please tick:**

Do you allow our school to use your child's image and name (individually or in a group) in school marketing material (e.g. print media, school website)?

YES

NO



Is your child an international student?



Is your child in Australia on a temporary visa?



The above information is true and accurate. I have read and acknowledge my obligations as per the enrolment policy,

Name (Please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.