

SAINT SPYRIDON GREEK ORTHODOX CHURCH

GREEK LANGUAGE CLASSES

Section 1: Student Information					
Personal Details					
Family Name:			Given Name(s):		
Preferred Name in Greek:					
Gender (please circle): M / F			Date of Birth: DD / MM / YYYY		
Background					
Does the student speak a language other than English at home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please specify:	
Religion:			Present Parish of Worship:		
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No			Parish:		
Other Children in the Family					
Name:	M / F	D.O.B.	School Attending:	Year Level:	
Medical Details					
Please indicate whether your child suffers from any of the following conditions:					
<input type="checkbox"/> Allergies			Details (if applicable):		
<input type="checkbox"/> Asthma			Medication required:		
<input type="checkbox"/> Learning Concerns					
<input type="checkbox"/> Other					
Schooling History					
Day School Name:			Address:		
Previous Greek School:			Years of Greek language learnt:		
How is your child currently managing at school ?					
Academically:	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poorly	<input type="checkbox"/> Very poorly
Socially:	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poorly	<input type="checkbox"/> Very poorly

Section 2: Family Information

Parent / Caregiver 1				Parent / Caregiver 2			
Title: (e.g. Mrs/Ms/Dr)				Title: (e.g. Mrs/Ms/Dr)			
First Name(s):				First Name(s):			
Surname:				Surname:			
Relationship to student:		Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to student:		Are you living with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Caregiver 1 is the primary person authorised to drop off and pick up the student to and from school.				Do you wish to be added as an authorised person to drop off and pick up the student to and from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Residential Address:				Residential Address:			
Suburb:		State:	Post Code:	Suburb:		State:	Post Code:
Postal Address (if different from residential):				Postal Address (if different from residential):			
Suburb:		State:	Post Code:	Suburb:		State:	Post Code:
Phone (H):		Phone (W):		Phone (H):		Phone (W):	
Mobile:				Mobile:			
Email:				Email:			
Usual Occupation:		Employer:		Usual Occupation:		Employer:	

Section 3: Emergency Contact Information

Emergency Contact 1 (other than parent/caregivers)			
Full Name:			
Relationship to student:		Mobile Number:	
Address:		This emergency contact person is authorised to drop off / pick up student to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact 2 (other than parent/caregiver)			
Full Name:			
Relationship to student:		Mobile Number:	
Address:		This emergency contact person is authorised to drop off / pick up student to and from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: Permissions

Media Release

Do you give permission for your child's photographs/images/videos/work samples taken during Saint Spyridon Greek School activities to be published in Saint Spyridon College publications, promotional activities and on the College website and/or social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(Please note: in most circumstances, the images/videos will not include any personal information regarding the student's identity. Photos will become the property of the College and may be used after the student has left or graduated.)

Medical Needs

Do you give permission for a member of school staff to apply First Aid to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you give permission for a member of school staff to call an ambulance for your child in case of a medical emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you give permission for a member of school staff to administer to your child 'RELIEVER' (blue, bronchodilator) medication from the first aid kit, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you give permission for a member of school staff to administer to your child 'EPIPEN' medication from the first aid kit, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(Please note: all members of staff at Saint Spyridon Greek School have undertaken recent First Aid and CPR training.)

Parent/Caregiver 1 Name:	Signature:	Date:
Parent/Caregiver 2 Name:	Signature:	Date:

Section 5: Fees and Payment

Yearly fee	1st child – \$150 \$130	2nd child – \$120 \$100	3rd child – \$90 \$70
Ellinopoula fee	\$50 per child		
How to pay	In person: 52 Oxford Terrace, Unley: Monday 3:30-6:00pm or Tuesday 3:00pm-4:00pm	By electronic funds transfer: BSB 633-000 Account – 187996582 Reference – Greek School and your surname	

Saint Spyridon Greek Orthodox Church and College respects the privacy of personal and sensitive information regarding your family. The church/college collects personal information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment. The primary purpose of collecting this information is to enable the church/college to provide schooling/services for your child. Please refer to the college's Privacy Policy for more information.