

Greek School Enrolment Form

General Details

Student's Surname _____ Christian Name _____

Student's Surname _____ Christian Name _____
(In Greek) (In Greek)

Address _____ Date of Birth _____

_____ Sex: Male / Female

Postcode _____ Religion _____

1st Parent/Guardian Name _____ Contact No. _____

2nd Parent/Guardian Name _____ Contact No. _____

Email Address: _____

Has this child attended this School before? Yes / No

Greek School Year Level in 2012: _____

Day School Attending: _____ Year _____

Payment Details

School Fees for the Year 2012

Fee Structure	
One Child	\$400.00
Two Children	\$550.00
Three Children	\$650.00
Four Children	\$700.00
Five Children	\$750.00

Please Note: These fees are for families that are current financial members.

IF A FAMILY IS NOT A FINANCIAL MEMBER OF THIS COMMUNITY THE FEES WILL ATTRACT AN ADDITIONAL \$50.

Method of Payment: Credit Card Cheque (please circle applicable)

Credit Card Payment: Type of Card Visa / Mastercard (please circle applicable)

I authorise you to deduct \$ _____ from this credit card for the school fees for 2012 for:

_____ (Students Name/s)

Credit Card No: _____ / _____ / _____ / _____

Expiry Date _____ Signature _____

Please make cheques payable to Greek Orthodox Community of St Anna

Please send payment with completed application form to Greek School of St Anna, PO Box 5074 GCMC, QLD, 9726

ADDRESS

31A Crombie Avenue
BUNDALL QLD 4217

POSTAL ADDRESS

PO Box 5074
GCMC QLD 9726

TELEPHONE

Tel: (07) 5574 0434

FAX

Fax: (07) 5574 2287

WEB

www.gocstanna.org

EMAIL

admin@gocstanna.org

Medical Data:

Are there any medical problems? If yes, please state: _____

If we are unable to contact either parent/guardian, is there anyone else we can contact?

Name	Relation to Child	Contact No.
_____	_____	_____

Authorization for Publication of Images and Details of Students

As part of the general promotion and activities of the school, information about and images of your child relating to school activities may be published in various locations, including school and community publications, and the internet (our St. Anna Website).

I, _____ give authority for the
(parent/guardian name)

Greek Ethnic School of St. Anna to publish images of and information about my

child _____ in _____
(child/s name) (child's year level)

Through the internet Yes No (please circle one)

In school and community publications Yes No (please circle one)

At school functions Yes No (please circle one)

Parent/Guardian Signature _____ Date: _____