Ιερά Αρχιεπισκοπή Αυστραλίας

***The Greek Orthodox Parish & Community Of Kogarah & District***

***“Resurrection Of Christ” Limited***

Panagia Myrtidiotissa, Resurrection of Christ, Agia Elesa

***Ελληνική Ορθόδοξη Ενορία και Κοινότητα Kogarah και Περιχώρων***

Τρισυπόστατος Ναός Παναγίας Μυρτιδιωτίσσης, Αναστάσεως του Χριστού, Αγίας Ελέσης

16-20 Belgrave St, Kogarah NSW 2217

P.O. Box 260 Kogarah NSW 2217

Church Office - (02) 9587 5945

Greek School Email - schools@kogarahgreekorthodox.org.au

**Facebook - Kogarah Greek Language School - Kogarah Greek Orthodox Parish & Community**

**GREEK SCHOOL ENROLMENT FORM - 2025**

**Student Attending:** **(Please Tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday**  | **Tuesday**  | **Wednesday**   | **Thursday**  | **Friday**  | **Saturday**  |
| Sans Souci  | Ramsgate | Bald Face  Carlton South  | Brighton Hurstville  | Carlton | Kogarah  |

**Student Details: (Please Attach Copy Of Birth Certificate-New Students Only)**

|  |
| --- |
| Surname: |
| Given Name: |
| **\*Student’s Full Name written in Greek**: **(Hint:** A**s per Baptism Certificate**) |
| Sex **(Please Tick)**  Male  Female  | Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Year Level in Greek School:  |
| Year Level in Main Stream (English) School: |
| English School Name and Suburb: |
| Does the Student Live with Primary Family (i.e both parents): **(Please Tick)**  Always  Mostly  Balanced Custody Order: **(Please Tick)** Yes  No I**If Yes, please attach court order documents.** |

**Medical History:**

|  |
| --- |
| Does the student suffer from Allergies or Asthma?**If Yes, a current Action Plan must be attached with this form to proceed with the enrolment.** Yes No **NOTE: An ambulance will be called in the case of an emergency.**  |
| Does the student suffer from any of the following impairments? **(Please Tick)**Hearing: Yes  No Speech: Yes  No Vision: Yes  No Mobility: Yes  No **If Yes to any, please provide details:**  |

**Primary Family Details**

**Mother’s/Legal Guardian’s Details: (Fill In** \* **All Details Requested)**

|  |
| --- |
| Surname: \* |
| Given Name(s): \* |
| Relationship to student: \* |
| Address: \* |
| Telephone Numbers:Work: \* Mobile: \* |
| Email Address: \* |

**Father’s/Legal Guardian’s Details: (Fill In** \* **All Details Requested)**

|  |
| --- |
| Surname: \* |
| Given Name(s): \* |
| Relationship to student: \* |
| Address: \* |
| Telephone Number:Work: \* Mobile: \* |
| Email Address: \* |

AUTHORITY TO PICK-UP (**other than the parents**)

I………………………………………………………………………… authorise

 (Parent Name)

…………………………………………………………………………. to pick up

 (Name of **only one** authorised party other than students parents)

my Son/Daughter ……………………………………………… in Year……

 (Name of student)

From……………………………….………….… Greek School.

 (Name of Greek School)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print** Name of Parent/Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Legal Guardian’s Signature

Dated: \_\_\_\_ /\_\_\_\_\_ / 2025

#

# Permission to Publish Student’s Work or Photographs or Videos.

Permission is requested for photographs of your child/children to be taken during school activities and to publish the photographs, and/or videos, and/or work on the Church and/or School’s Website. If published, third parties would be able to view the photographs, and/or videos, and/or work.

Giving consent means that you agree to the following:

1. *The Greek Orthodox Parish and Community of Kogarah and District “Resurrection of Christ”* is able to photograph, video and publish photographs/videos/work of your child as many times as it requires in the ways mentioned above.
2. Your child’s photograph/video/work may be reproduced either in colour or in black and white.
3. Your child’s photograph/video/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
4. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
5. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/video/work.

This consent, will remain effective until such time as you advise the Community Language School otherwise.

* YES I agree to the publication of my child’s photographs/videos/work as outlined above. I will notify the Community Language School in writing if I decide to withdraw this consent.
* NO I do not agree to the publication of my child’s photographs/videos/work as outlined above. I will notify the Community Language School in writing if I decide to give consent.

 / /2025

Parent’s/Legal Guardian’s Signature Date

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**AFTERNOON AND SATURDAY MORNING GREEK SCHOOLS**

**STUDENT ENROLMENT PAYMENT FORM - 2025**

**Student Details:**

|  |  |
| --- | --- |
| **Name of Greek School:** |  |
| **Greek School Class Year:** |
| **Student’s Surname:** |
| **Student’s Given Name:** |
| **Student’s Date of Birth:** |

**Enrolments Fee: (NON-REFUNDABLE)**

|  |  |
| --- | --- |
| **Each Student (K-Year 10)** | **$400.00**  |

**Textbooks:**

|  |  |
| --- | --- |
| **Kindergarten – Year 6: Reader and Workbook** | **$100.00 (set) or $60.00 each** |
| **Year 7**  |  **$100.00 (set)** |
| **Year 8 (books to be used for Year 8 & Year 9)** | **$180.00 (set) or $95.00 each** |
| **Year 10** | **$60.00** |

**The Enrolment Fee is payable upon completion of the Enrolment Form, to secure your child’s place at Greek School. THIS FEE IS NON-REFUNDABLE.**

**I have paid the Enrolment Fee to secure my child’s place at Greek School and acknowledge that this fee is non-refundable even if I don’t take up the offer to send my Child to Greek School or if I withdraw them at any time from the school.**

**Signature of Parent/Legal Guardian:**…………………………………………**Date:**………/………/2025

**Payment Method**:

1. ** Credit Card**
2. ** Cash**
3. ** Cheque**

**……………………………………………………………………………………………………………………………………………………………………………**

**OFFICE USE ONLY**

**Date** **Payment Received:** / /2025

**Total Amount Paid:** $……………………………

****Credit Card ****Cash ****Cheque: Receipt Number …………………………………………..

**Voucher Number:** …………………………………………………………………………………………………..