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](mailto:schools@kogarahgreekorthodox.org.au)

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

**GREEK ADULT LESSONS – 2025**

**Course (Please tick)**

 **Beginners 2 -Every Thursday evening 7:00 p.m. – 8:30 p.m.**

 **Beginners 1 -Every Tuesday evening 7:00 p.m. – 8:30 p.m.**

**Student Details:**

|  |  |
| --- | --- |
| Surname: | |
| Given Name: | |
| **\*Student’s Full Name written in Greek**: **(if known)** | |
| Sex **(Please Tick)**  Male   Female  | Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Surname: \* | |
| Given Name(s): \* | |
| Address: \* | |
| Telephone Numbers:  Work: \* Mobile: \* | |
| Email Address: \* | |

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**AFTERNOON AND SATURDAY MORNING GREEK SCHOOLS**

**STUDENT ENROLMENT PAYMENT FORM – 2025**

**Payment Details**

|  |
| --- |
| **Student’s Given Name:** |
| **Surname:** |

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

|  |  |
| --- | --- |
| **Enrolment Fee** | **$250.00** |
| **Text Books** | **To Be Advised** |

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

**I have paid the Enrolment Fee to secure my place at Greek Adult Classes and acknowledge that this fee is non-refundable even if I don’t take up the offer to attend classes or if I withdraw at any time from the Greek Adult Classes.**

**Signature:**……………………………………………….**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 …………………………………………..