

# Greek Orthodox Parish Community of St Anna Greek School Enrolment Form 2018

## 1. REGISTRATION INFORMATION

Student's surname: \_\_\_\_\_ Christian name: \_\_\_\_\_

Student's surname: \_\_\_\_\_ Christian name: \_\_\_\_\_  
(In Greek) (In Greek)

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Sex: Male/ Female Religion: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1<sup>st</sup> Parent/ Guardian Name: \_\_\_\_\_ Contact no: \_\_\_\_\_

2<sup>nd</sup> Parent/ Guardian Name: \_\_\_\_\_ Contact no: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has this child attended this School before? (please circle) Yes / No

Greek School Year Level for 2018: \_\_\_\_\_

Name of Attending Day School: \_\_\_\_\_ Year: \_\_\_\_\_

## 2. 2018 SCHEDULE OF FEES (includes Tuition, Resource Levy & Administration)

Fee Structure	Current Financial Member	Non-Financial Member
One Child	\$495	\$575
Two Children	\$695	\$775
Three Children	\$845	\$925
Each additional child +\$50 per child		

***NOTE: A CURRENT MEMBERSHIP CARD MUST BE PRESENTED TO RECEIVE THE DISCOUNTED RATE***

## 3. PAYMENT METHOD:

Method of Payment (please circle)      Cash      Credit Card      Direct Deposit      Cheque

Credit Card

Type of Card (Please circle applicable):	_____ Visa / Mastercard
I authorise you to deduct \$_____ from my credit card for school fees for the following student(s); _____	
Credit Card No: _____ / _____ / _____ / _____	Expiry ____ / ____
CRN: _____	Signature: _____

### 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

Direct Deposit:      BSB: 034215      Account No: 629661      Reference: GS/your surname

Cheques:              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**

#### 4. MEDICAL DATA

Are there any medical conditions and/or allergies the School Administrator and Teachers should know about? If yes, please state and explain management required for such conditions:

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#### 5. EMERGENCY CONTACTS

Name	Relationship to child	Contact No.
_____	_____	_____
_____	_____	_____

#### 6. TERMS AND CONDITIONS

Please read and sign the terms and conditions of enrolment.

- By completing this enrolment form I agree to all its terms, conditions and requirements. I accept and agree that for the good management of the Greek School, School fees in any one year are due and payable prior to my child (or children) commencing lessons at the School unless other arrangements have been made.  
In the event of delay or default of payment, the School Administration in consultation with the Main Committee of the Greek Orthodox Parish Community of St Anna may, at its discretion exclude my child (or children) from participation in lessons until payment is received in full.
- Publication of Images and Information.  
I understand and accept that the Greek School may publish images of my child and information about my child (the name of my child as stated on this enrolment form) on St Anna's website and in other school and community and social online and print media, at school and community functions and events, for general promotional and informational purposes.
- If your child wishes to bring their mobile phones to Greek School, they are not be used during classroom hours. It is only for emergency purposes after receiving permission from their teacher. The teacher reserves the right to confiscate the mobile phone until the end of class if this is not complied with.
- The children must attend Greek school with closed shoes. Thongs (flip flops) or open toed shoes or sandals are prohibited.
- Students are to bring a drink bottle at all times to Greek School to refill with water as required.

Parent/ Guardian signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_