

Greek Orthodox Parish Community of St Anna

Greek School Enrolment Form 2017

Please read and sign the terms and conditions of enrolment before completing this form.

1. TERMS AND CONDITIONS

By completing this enrolment form I 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.

Parent/ Guardian signature: _____

Print name: _____ **Date:** _____

2. REGISTRATION INFORMATION

Student's surname: _____ Christian name: _____

Student's surname: _____ Christian name: _____
(In Greek) (In Greek)

Address: _____
_____ Postcode: _____

Sex: Male/ Female Religion: _____ DOB: ____ / ____ / ____

1st Parent/ Guardian Name: _____ Contact no: _____

2nd Parent/ Guardian Name: _____ Contact no: _____

Email Address: _____

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

Greek School Year Level for 2017: _____

Name of Attending Day School: _____ Year: _____

3. AUTHORISATION FOR PUBLICATION OF IMAGES AND INFORMATION

I give / do not give (please circle one) authority for the Greek School to 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 online and print media, at school and community functions and events, for general promotional purposes only.

Parent/ Guardian Signature: _____

Date: _____

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

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4. 2017 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

5. PAYMENT METHOD:

Method of Payment
(please circle)

Cash

Credit Card

Direct Deposit

Cheque

A. 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: _____

B. Direct Deposit:

BSB: 034215

Account No: 629661

Reference: GS/your surname

C. 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**

6. MEDICAL DATA

Are there any medical conditions the School Administrator and Teachers should know about? If yes, please state:

7. EMERGENCY CONTACTS

Name

Relationship to child

Contact No.
