



# GREEK ORTHODOX COMMUNITY OF NSW LTD

## ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ Ν.Ν.Ο.

A.B.N. 50000 018 128 ESTABLISHED 1898 IBNID: 40-120

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### ENROLMENT FORM- 2017

ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ ΣΤΑ ΚΟΙΝΟΤΙΚΑ- ΑΠΟΓΕΥΜΑΤΙΝΑ/ΣΑΒΒΑΤΙΑΝΑ ΣΧΟΛΕΙΑ

GREEK SCHOOL: \_\_\_\_\_ DAY: \_\_\_\_\_

ΕΛΛΗΝΙΚΗ ΤΑΞΗ: \_\_\_\_\_ ENGLISH GRADE: \_\_\_\_\_

ΟΝΟΜΑ ΜΑΘΗΤΗ/ΤΡΙΑΣ- STUDENT'S GIVEN NAME(As it is known at mainstream school):

\_\_\_\_\_

ΕΠΩΝΥΜΟ ΜΑΘΗΤΗ/ΤΡΙΑΣ-STUDENTS SURNAME(As it is known at mainstream school):

\_\_\_\_\_

ΦΥΛΟ /GENDER: Male  Female

ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ/DATE OF BIRTH:

ΔΙΕΥΘΥΝΣΗ ΚΑΤΟΙΚΙΑΣ/HOME ADDRESS: \_\_\_\_\_

Post code: \_\_\_\_\_

ΟΝΟΜΑ ΠΑΤΕΡΑ/FATHER'S NAME: \_\_\_\_\_

ΟΝΟΜΑ ΜΗΤΕΡΑΣ/MOTHER'S NAME: \_\_\_\_\_

Tel. No (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

E-mail:

ΑΣΘΕΝΕΙΕΣ Ή ΑΛΛΕΡΓΙΕΣ ΠΟΥ ΠΑΣΧΕΙ Ο/Η ΜΑΘΗΤΗΣ/ΤΡΙΑ

ANY ILLNESSES OR ALLERGIES STUDENT IS SUFFERING FROM: -----

ΟΝΟΜΑ ΠΡΩΙΝΟΥ ΣΧΟΛΕΙΟΥ/STUDENT'S MAINSTREAM SCHOOL & ADDRESS:

\_\_\_\_\_

IN CASE OF EMERGENCY (please indicate)

\_\_\_\_\_ (parent /guardian)

I GIVE PERMISSION TO THE TEACHER TO CALL AN AMBULANCE

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CHECK THAT ALL QUESTIONS ARE ANSWERED & THEN SIGN**  
**THE ENROLMENT FORM**

I hereby agree to pay half of the school fees upon enrolling for two hours per week language classes with the Greek Orthodox Community of N.S.W. The full amount must be paid by the end of May (31.05.2017). Failure to do so might lead to termination of the student's studies.

School fees non refundable/ Μετά την εγγραφή χρήματα δεν επιστρέφονται.

Με την αίτηση για εγγραφή σε τάξη διδασχής Ελληνικών για δύο (2) ώρες την εβδομάδα ή 3 ώρες το Σάββατο, συμφωνώ να πληρώσω το μισό ποσό των ετησίων διδάκτρων.

**Η εξόφληση των διδάκτρων θα πρέπει να γίνει το αργότερο έως τις 31 Μαΐου 2017.**

Authority for payment by Master/Visa card (please circle).

Cardholder's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Numbers: H: \_\_\_\_\_ Mb: \_\_\_\_\_ W: \_\_\_\_\_

CREDIT CARD NUMBER:

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Expire Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

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

**Public School Yearly Fees:**

**1<sup>st</sup> Child =\$400, 2<sup>nd</sup> Child= \$350, 3<sup>rd</sup> Child = \$270, 4<sup>th</sup> child or more are FREE**

**All fees inclusive of administration enrolment fee.**

Or Please Pay Cash/Cheque to the Greek Teacher: \_\_\_\_\_

**Parent/Carer/Self Certification Form for 2017 / Use of Personal Information**

**Department of Education and training-NSW Community Languages Program**

**Student Details**

I have been advised by the Greek Orthodox Community of NSW that the information about \_\_\_\_\_ (Student's name)

Provided on the NSW Community Languages Program(CLP) funding Application 2017 is used for the purpose of applying for and monitoring funding under the CLP. It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation.

I have been advised that DET will be granted access to the information, that provision of this information is voluntary and that it will be stored securely.

I am aware that if I do not provide all or any of this information my child will not be funded.

(You may correct any personal information provided at any time by contacting the organization/school.)

ONOMA ΓΟΝΕΑ - Parent's name: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

GREEK DANCE: YES or NO (please circle): Wednesday: 6-7pm @ Greek Community Club Lakemba, Friday 6:30-7:30pm @ Connell's Point P.S and Saturday 11:30am -1:30pm @ Clemton Park P.S.

ΥΠΟΓΡΑΦΗ ΔΑΣΚΑΛΟΥ/ΑΣ \_\_\_\_\_