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| C:\Documents and Settings\AL\Desktop\AHEPA logo.gif | **AHEPA GREEK SCHOOL****IVANHOE GIRLS GRAMMAR SCHOOL Marshall St. Ivanhoe** Email form to: ahepagreekschool@ahepa.org.au |
| **Enrolment Form** | **2021** |

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| **Student Details**It is important that student details are exactly the same as those provided at the time of enrolment at the student’s mainstream school. |
| Surname:      |
| First Name:      | Middle Name/s:      | Preferred Name:       |
| Date of Birth: (dd/mm/yyyy):     \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |  [ ]  Male [ ]  Female |
| Home Address:      | Postcode:      |
| Mainstream School Name:      | Mainstream SchoolYear Level 2021:      |
| Is your child **currently** enrolled at **another** community language school to learn the **same** language?[ ]  No[ ]  YesIf Yes, which school? |
| Has your child **ever been enrolled** at **another** community language school to learn the **same** language?[ ]  No[ ]  YesIf Yes, which school? |
| **Student Australian Residency Status** |
| [ ]  Australian Citizen/Permanent Resident [ ]  Full-fee paying international student [ ]  Other (please specify) |
| **Parent/Guardian Details** |
| Mother’s Name:      | Mobile:      |
| Father’s Name:      | Mobile:      |
| Guardian’s Name:      | Mobile:      |
| Email/s:      |
| **Emergency Contact Details**Only complete if different from Parents/Guardian details |
| Name:      | Relationship to Student:      | Phone:      |

In the event of an accident or illness, Parents/Guardians or emergency contacts will be informed as early as possible.

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| **Medical Information** |
| Does your child suffer from any medical conditions and/or disability which require special attention?(eg.asthma, epilepsy, allergies etc.)[ ]  No [ ]  Yes (please specify and provide medical plan)  [ ]  ASTHMA [ ]  Allergy (Peanut Anaphylaxis) [ ]  Epilepsy [ ]  Other (specify) |
| Is your child currently on any medication?[ ]  No [ ]  Yes (please specify) | Do you give permission for Paracetamol to be administered at school?[ ]  No [ ]  Yes |
| Doctor’s name:  | Doctor’s Phone: |
| Are there any legal restrictions such as court orders in relation to the child or parents?[ ]  No [ ]  Yes (please specify)      |

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| **Greek Language Proficiency** | Languages Spoken at Home |       | **Tuition Fees** (includes dancing & drama) |
| Greek Fluency | [ ]  Beginner[ ]  Intermediate[ ]  Advanced | [ ]  One student (per family) | $ 550 pa |
| [ ]  Two students | $ 950 pa |
| [ ]  Three students | $1250 pa |
| **Other Siblings attending AHEPA Greek School** | Name:      | Year Level      | **FEES DUE IN FULL BY 28th February 2021****Please pay by Direct Deposit to:** **AHEPA Greek School****BSB: 033395 Account: 352940**\*Please note that AHEPA Greek School is a not-for-profit organisation and appreciates prompt payment of the School Fees. |
|       |       |
|       |       |
| **Referral Incentive: Please assist us to promote our school by referring other parents to AHEPA Greek School.** **As an incentive, we offer a $100.00 fee discount for each new Family introduced to enroll at the school.** | **Referral Details** (if applicable)Name of Referee: |

**Privacy Collection Notice - Protecting your privacy and sharing information**

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department’s privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

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| **Parent/Guardian Privacy Consent and Declaration**By placing your signature in the space provided below, you agree to abide by the “AHEPA GREEK SCHOOL” rules, and you authorise the staff to seek and/or administer emergency medical treatment as necessary and to reimburse relevant expenses should an emergency event occur involving your child. You also give permission for photographs to be taken of your child and used by authorised persons in the Newsletter, Website, Displays and Folders of AHEPA GREEK SCHOOL. |

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| Name of Parent/Guardian:      | Signature:OR check box [ ]  | Date:      |

Email form to: ahepagreekschool@ahepa.org.au;

Website: www.ahepagreekschool.org;

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