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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** | **2024** |

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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 in 2023:      |
| 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) | $ 650 pa |
| [ ]  Two students | $ 1095 pa |
| [ ]  Three students | $1295 pa |
| **Other Siblings attending AHEPA Greek School** | Name:      | Year Level      | **FEES DUE IN FULL BY 28th February 2023****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.  |
|       |       |
|       |       |
| **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**I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to abide by the “AHEPA GREEK SCHOOL” rules. I consent to: * the collection of my child’s health and personal information by the community language school;
* the community language school disclosing my child’s personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
* the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency and to reimburse relevant expenses.
* give permission for group photographs to be taken of your child and used by authorised persons in the School Newsletter, Facebook and Website, Media Articles, Displays and Folders of AHEPA GREEK SCHOOL.
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| Name of Parent/Guardian:      | Signature:OR check box [ ] By checking the box you confirm the above declaration. | Date:\_ \_ / \_ \_ / \_ \_ \_ \_  |

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

Website: www.ahepagreekschool.org;

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