



# GREEK ORTHODOX COMMUNITY OF NSW LTD

## ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ Ν.Ν.Ο.

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

206-210 Lakemba St., Lakemba 2195, Ph: 02 9740 6022-FAX: 9740 6362

Web: [www.goc.com.au](http://www.goc.com.au) e mail: [education@goc.com.au](mailto:education@goc.com.au)

### ENROLMENT FORM- 2015

ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ ΣΤΑ ΚΟΙΝΟΤΙΚΑ  
ΑΠΟΓΕΥΜΑΤΙΝΑ/ΣΑΒΒΑΤΙΑΝΑ ΣΧΟΛΕΙΑ

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

ΕΛΛΗΝΙΚΗ ΤΑΞΗ: \_\_\_\_\_

ENGLISH GRADE: \_\_\_\_\_

ΟΝΟΜΑ ΜΑΘΗΤΗ/ΤΡΙΑΣ( As it is known at mainstream school)

STUDENT'S GIVEN NAME:

ΕΠΩΝΥΜΟ ΜΑΘΗΤΗ/ΤΡΙΑΣ-STUDENTS SURNAME :

ΦΥΛΟ /GENDER

Male

☐

Female

☐

ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ/DATE OF BIRTH:

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

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

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

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

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

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

E-mail: \_\_\_\_\_

ΑΣΘΕΝΕΙΕΣ Ή ΑΛΛΕΡΓΙΕΣ ΠΟΥ ΠΑΣΧΕΙ Ο/Η ΜΑΘΗΤΗΣ/ΤΡΙΑ

ANY ILLNESSES OR ALLERGIES STUDENT IS SUFFERING FROM:

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 full school fees upon enrolment for two hours per week (3 hours on Saturday) language classes with the Greek Orthodox Community of N.S.W. 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 όλο το ποσόν των ετησίων διδάκτρων.

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 Fees: 1<sup>st</sup> Child \$330, 2<sup>nd</sup> Child \$250, 3<sup>rd</sup> Child \$200, 4<sup>th</sup> or more are FREE

Private Schools: \$350 per Child.

Administration Enrolment fees \$10 per child/student.

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

**Parent/Carer/Self Certification Form for 2015 / 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 2015

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: \_\_\_\_\_

ΥΠΟΓΡΑΦΗ ΓΟΝΕΑ: \_\_\_\_\_ Ημερ: \_\_\_\_\_

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

GREEK DANCE free for GOC students:  
Wednesday 6:00pm-7:00pm at 206-210 Lakemba St Lakemba,  
Friday 6:30pm-7:30pm at Connell's Point P.S.,  
Saturday 11:30am-13:30pm at Clemton Park P.S.

ΥΠΟΓΡΑΦΗ ΔΑΣΚΑΛΟΥ/ΑΣ \_\_\_\_\_