 ENROLMENT FORM

PRE\_SCHOOL, PRIMARY AND SECONDARY SCHOOL

NAME OF CHILD ……………………………………………………………………………………….

* FEMALE
* MALE

ADDRESS ………………………………………………………………………………………………...

……………………………………………………………………………………………………………….

E-MAIL ADDRESS: ………………………………………………………………………………………

NAME OF PARENTS ………………………….. ……………………………………………………..

TELEPHONE HOME: ………………………… WORK: ………………………………………..

MOBILE: ……………………… EMERGENCY: …………………………………..

AGE OF THE CHILD …… DATE OF BIRTH …………. PLACE OF BIRTH …………………….

DO OTHER SIBLINGS ATTEND SCHOOL? IF SO, PLEASE NAME THEM

1. ………………………………………………. 2. …………………………………………….

DOES YOUR CHILD HAVE HEALTH PROBLEMS THAT YOU THINK WE SHOULD KNOW ABOUT?

IF SO, PLEASE DETAIL ………………………………………………………………………………….

PREFERRED DAY/TIME FOR CLASSES…………………………………………………………………..

………………………………………… …………….….

PARENT/GUARDIAN SIGNATURE DATE

**PAYMENT IS REQUIRED UPON ENROLMENT.** PLEASE BRING THIS FORM ALONG WITH

YOU ON ENROLMENT DAY TO: **GREEK ORTHODOX COMMUNITY OF WELLINGTON**

**PARTHENON BUILDING, LEVEL 3**

# 5 HANIA ST

**MT VICTORIA, WELLINGTON**

**A SHORT QUESTIONNAIRE:**

WHO SPEAKS GREEK TO YOUR CHILD? ……………………………………………………………….

DOES YOUR CHILD RESPOND EASILY IN GREEK? …………………………………………………...

HOW MANY TIMES HAS YOUR CHILD VISITED GREECE? ………………………………………….. HOW OLD WERE THEY? …………………………………………………………………………………...

DOES YOUR CHILD HAVE LEARNING DIFFICULTIES AT SCHOOL THAT YOU THINK WE SHOULD BE AWARE OF? …………………………………………………………………………………

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**FOR OFFICE USE ONLY**

**Receipt No: …………………………………**

**Date Paid: ………………………………….**

**Class Enrolled in Last Year ………………………..**

**Amount Paid: ………………………………**

**Class Enrolled in This Year ……………………….**

**Number of Children Attending: …………..**