



# Greek Orthodox Community of Wellington (Inc.)

## 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 .....

.....  
PARENT/GUARDIAN SIGNATURE

.....  
DATE

**PAYMENT IS REQUIRED UPON ENROLMENT. PLEASE BRING THIS FORM ALONG WITH YOU ON ENROLMENT DAY OR SEND VIA EMAIL TO : school@greek.org.nz**

### 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? .....

### FOR OFFICE USE ONLY

Receipt No: .....

Date Paid: .....

Amount Paid: .....

Number of Children Attending: .....

Class Enrolled in Last Year .....

Class Enrolled in This Year .....