



GREEK ORTHODOX
COMMUNITY OF
MELBOURNE
& VICTORIA

168 Lonsdale St., Melbourne VIC 3000
Phone: 9662 2722 Fax: 9416 0339
Email: greekcourses@greekcommunity.com.au

2017 POST-INTRODUCTORY CLASSICAL GREEK CLASS ENROLMENT FORM

POST-INTRODUCTORY CLASSICAL GREEK CLASS at Greek Centre (Saturdays 1:30-4:30 pm)

STUDENT DETAILS

Surname _____

First name _____

Gender Male Female Date of Birth _____ School Year in 2017 _____

STUDENT MEDICAL DETAILS

Allergies Yes No

Allergies details: _____

Anaphylaxis Yes No

Does the student have Anaphylaxis requiring an Auto-Injector?

If yes you need to provide us with THREE COLOURED copies of the Action Plan For Anaphylaxis.

Asthma Yes No

Does the student have Asthma?

If yes you need to provide us with a copy of the Asthma Action Plan.

Special Requirements / Needs / Illness / Disability Yes No

Does the student have any needs that require special attention from the staff / teachers?

Special Requirements / Needs / Illness / Disability Details: _____

Doctor's Name: _____

Doctor's address: _____

Doctor's phone number: _____

HOME DETAILSAddress _____

Home Phone _____ Family Email _____

PARENT/GUARDIAN # 1

Name _____

Relationship _____ Occupation _____

Mobile Phone _____ Work Phone _____

PARENT/GUARDIAN # 2

Name _____

Relationship _____ Occupation _____

Mobile Phone _____ Work Phone _____

EMERGENCY CONTACT (in case parents are not available)

Name _____

Relationship _____

Phone number _____

LEGAL RESTRICTIONSLegal restrictions Yes No*Are there any legal restrictions such as court orders in relation to the student or parents?**If yes you need to provide us with a copy of the Court's Orders.*Legal restrictions details: _____

PHOTO PERMISSION

Photo permission Yes No

1. I consent to and provide permission for the photographic, video or audio recording of my child / student, to be used by authorized personnel in various communications and media (e.g. School Newsletter, Website, Displays and Folders of the Greek Afternoon Schools, etc).
2. I understand that my child / student will not be personally identified in any use of the material.
3. I authorize the use or reproduction of any recording referred to above without acknowledgment and without being entitled to remuneration or compensation.

DETAILS REQUIRED BY THE DEPARTMENT OF EDUCATION

Is the student a temporary visa holder? Yes No

Mainstream School name for 2017 _____

Mainstream School Campus for 2017 _____

Mainstream School Campus for 2017 _____

FEES & PAYMENT DETAILS

FEES

Tuition: \$ 865

Course books (for Units 1&2 only): \$57 for Textbook + \$38 for Workbook

PAYMENT OPTIONS

Payments can be made by cash, cheque, credit card or direct deposit; further details are available on the **Tuition fee and Coursebook order form** on the next page.

Name of the parent/guardian

Signature

___ / ___ / ___
Date



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2017 POST-INTRODUCTORY CLASSICAL GREEK CLASS
TUITION FEE & COURSE BOOK ORDER FORM

NAME: _____

TUITION FEES \$650		PRESCRIBED BOOKS \$95		
Instalments	Amount	Book title	Price	Qty
First Semester instalment \$325		Athenaze textbook 1	\$ 57.00	
Second Semester instalment \$325		Athenaze workbook 1	\$ 38.00	
Total \$650		Total		

PAYMENT OPTIONS

(Please tick) Cash Cheque Direct Deposit Credit Card

Cash: Please pay at the GOCMV office and a receipt will be issued

Cheque: Please write your full name on the back of the cheque and deliver/post to the GOCMV

Direct Deposit

Account Name: GOCMV **BSB:** 063-023 **Account Number:** 10043624

Please add your surname as the reference if using direct deposit.

Credit Card: Please complete your details below

Name of cardholder: _____

Credit card number: _____

Type of card:

Expiration date: /

CCV: