



## STUDENT ENROLMENT FORM 2022

### ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ ΜΑΘΗΤΗ 2022

An enrolment form must be completed for each child.

Office use only:

2021 Year Level/ Τάξη

2022 Year Level/ Τάξη

#### Student Details - Λεπτομέρειες Μαθητή

|   |  |                                  |                                    |
|---|--|----------------------------------|------------------------------------|
| Surname<br>Επίθετο                                  |  | Given Name<br>Όνομα              |                                    |
| Middle Name   |  | Place of Birth<br>Τόπος Γέννησης |                                    |
| Date of Birth<br>Ημερομηνία Γέννησης                |  | Gender<br>Γένος                  | Male<br>Αγόρι<br>Female<br>Κορίτσι |
| Home Address<br>Διεύθυνση Κατοικίας                 |  |                                  |                                    |
| Suburb<br>Προάστιο                                  |  | State NT                         | Postcode<br>Ταχ. Κώδικας           |
| Postal Address<br>Ταχυδρομική Διεύθυνση             |  |                                  |                                    |
| Home Phone<br>Τηλέφωνο Οικίας                       |  | Work<br>Τηλ. Εργασίας            | Mobile<br>Κινητό                   |
| Email   |  |                                  |                                    |
| Language spoken at home<br>Γλώσσα ομιλίας στο σπίτι |  |                                  |                                    |

#### Parent Details - Λεπτομέρειες Γονέα

##### Father - Πατέρας

|                                     |  |                     |                          |
|-------------------------------------|--|---------------------|--------------------------|
| Surname<br>Επίθετο                  |  | Given Name<br>Όνομα |                          |
| Home Phone<br>Τηλέφωνο Οικίας       |  | Mobile<br>Κινητό    |                          |
| Work phone<br>Τηλ. Εργασίας         |  | Email               |                          |
| Home Address<br>Διεύθυνση Κατοικίας |  |                     |                          |
| Suburb<br>Προάστιο                  |  | State NT            | Postcode<br>Ταχ. Κώδικας |

##### Mother - Μητέρα

|                                     |  |                     |                          |
|-------------------------------------|--|---------------------|--------------------------|
| Surname<br>Επίθετο                  |  | Given Name<br>Όνομα |                          |
| Home Phone<br>Τηλέφωνο Οικίας       |  | Mobile<br>Κινητό    |                          |
| Work phone<br>Τηλ. Εργασίας         |  | Email               |                          |
| Home Address<br>Διεύθυνση Κατοικίας |  |                     |                          |
| Suburb<br>Προάστιο                  |  | State NT            | Postcode<br>Ταχ. Κώδικας |

**Mainstream School Details – Στοιχεία Καθημερινού Σχολείου**

(Mainstream school is the school attended on weekdays)

School/ Σχολείο

Year Level/ Τάξη

**Additional Emergency Contacts – Επαφές Έκτακτης Ανάγκης**

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts.

|                               | Contact 1 | Contact 2 |
|-------------------------------|-----------|-----------|
| Full Name<br>Όνομα/νο         |           |           |
| Home Phone<br>Τηλέφωνο Οικίας |           |           |
| Mobile Phone<br>Κινητό        |           |           |
| Work Phone<br>Τηλ. Εργασίας   |           |           |

**Family Court Orders – Ασφαλιστικά Μέτρα**

Are there any current Court orders relating to this student? If yes, please attach a copy of the order for the school's records. If circumstances change, please inform the school immediately.

Yes

Αν υπάρχουν ασφαλιστικά μέτρα ή δικαστικές αποφάσεις που αφορούν θέματα κηδεμονίας του μαθητή/τριας παρακαλώ να μας δώσετε αντίγραφο. Αν αλλάξουν οι συνθήκες παρακαλώ, ενημερώστε μας.

No

**Details – Λεπτομέρειες****Medical Details and Consent**

Does your child suffer from any of the following? (Tick all the boxes that apply)

|                                  |  |   |
|----------------------------------|--|---|
| Allergies                        | Asthma   | Diabetes  |
| Seizure disorder (e.g. epilepsy) | Hearing impairment                                       | Physical disability                               |
| Speech impairment                | Visual impairment  | Intellectual/ learning impairment (e.g. dyslexia) |
| Acquired brain impairment        | Mental health or behaviour issue (e.g. depression, ADHD) |   |
| Other, please specify:           |  |   |

If you have ticked any of the boxes above, please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

Medication required. Please supply details of any treatments, care or medication required.

**NOTE:** School staff will administer first aid, seek medical assistance, or call an ambulance for the student being enrolled if they judge this to be necessary.

| Annual School Fees / Ετήσιο Ποσό Διδάκτρων   |   |                                   |
|--|---|-----------------------------------|
| <b>GOCNA (Greek Orthodox Community of North Australia Inc.) Membership</b><br>For discounted prices to apply you must be a current GOCNA member.   |   |                                   |
| Are you a GOCNA member?  | Yes. (ID number)  | No                                |
| If not, would you like to become a member?   | Yes      No<br>If Yes, a GOCNA representative will contact you to organise your membership. |                                   |
| Annual Enrolment Fee/ Ετήσιο Ποσό Διδάκτρων  |   |                                   |
|  | GOCNA Non-Members   | GOCNA Members                     |
| 1 child / παιδί  | \$250 + GST (\$275)   | \$200 + GST (\$220)               |
| 2 children/ παιδιά   | \$400 + GST (\$440)   | \$320 + GST (\$352)               |
| 3 children and over/ παιδιά και άνω  | \$500 + GST (\$550)   | \$400 + GST (\$440)               |
| Book Packs / Πακέτα Βιβλίων  |   |                                   |
| Book Pack 1 for Preschool & Transition   | No.   | \$45 (inc. GST)                   |
| Book Pack 2 for Grade 1 – Grade 6  | No.   | \$90 (inc. GST)                   |
| School Uniform*  |   |                                   |
| No. T-shirt / Μπλουζα \$30ea.  | No. Hat / Καπέλο (1) \$10ea.  | No. Bucket Hat/ Καπέλο (2) \$15ea |
| *If you wish to purchase a new t-shirt and/ or hat please specify, and it will be added to the invoice. Children who enrol to the Greek School <u>for the first time, get a free t-shirt and hat.</u><br>*Αν επιθυμείτε να αγοράσετε μπλουζα ή καπέλο δηλώστε το, και θα ενταχθεί στο τιμολόγιο. Τα παιδιά που κάνουν για πρώτη φορά εγγραφή στο Ελληνικό Σχολείο <u>παιρνουν δωρεάν μία μπλουζα και ένα καπέλο.</u> |   |                                   |

**Essential:** In 2022, Greek School will be introducing new bilingual books to assist students with their learning.

**Book Pack 1 for Preschool & Transition:** 1 x Bilingual book (for Semester 1 & 2)

**Book Pack 2 for Grade 1 – Grade 6:** 2 x Bilingual book (for Semester 1 & 2)

**Απαραίτητο:** Το 2022, το Ελληνικό Σχολείο θα εισαγάγει σε πακέτα βιβλίων για να βοηθήσει τους μαθητές στη μάθησή τους.

**Πακέτο Βιβλίων 1 για Προνήπιο και Νηπιαγωγείο:** 1 x δίγλωσσο βιβλίο (Εξάμηνο 1 & 2)

**Πακέτο Βιβλίων 2 για Α' Τάξη έως ΣΤ' Τάξη:** 2 x δίγλωσσα βιβλία (Εξάμηνο 1 & 2)

#### **Your Payment Options Are:**

- 1) When the enrolment form is completed please email to [school@gocna.com.au](mailto:school@gocna.com.au). GOCNA accounts will then send an invoice of the total annual school fee for payment.

**Please Note:** This payment can either be paid in full or in multiple payments until June 30, 2022.  
For all payments, please ensure you use the Invoice number as a Reference.

- 2) Alternatively, you can pay with cash or EFTPOS at the Greek School or GOCNA office when enrolling.

#### **Οι Επιλογές Πληρωμής Σας Είναι:**

- 1) Όταν η αίτηση εγγραφής συμπληρωθεί και υποβληθεί με email στο [school@gocna.com.au](mailto:school@gocna.com.au), θα σας σταλεί ένα τιμολόγιο με το συνολικό ετήσιο ποσό διδάκτρων για πληρωμή.

**Προσοχή:** Η καταβολή των διδάκτρων θα μπορεί να πληρωθεί είτε εξ ολοκλήρου είτε σε πολλαπλές πληρωμές έως 30 Ιουνίου 2022. Για όλες τις πληρωμές, βεβαιωθείτε ότι χρησιμοποιείτε τον αριθμό τιμολογίου ως αναφορά.

- 2) Εναλλακτικά, μπορείτε να πληρώσετε με μετρητά ή EFTPOS στο γραφείο του σχολείου ή της GOCNA κατά την εγγραφή.

## Declaration & Consent

By signing below, you declare that you have been made aware and will abide by the policies of the school. You also declare that the information provided by you in this enrolment form is true and correct and that you will inform the school of any changes to this information as they occur. Consent is given by ticking YES to each statement.

|   |     |    |
|---|-----|----|
| I/we consent to the staff at this school seeking or where appropriate administering any first aid or medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I/we will reimburse any expense incurred by the school should this happen. | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| I/we consent to the staff administering medication if so, requested by me/us in writing using the appropriate medication authority form (I/we recognize all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner: from its original container; bearing the original label with the name of the child to whom the medication is to be administered: and before its expiry or use by date. I/we understand that such medication should be administered in accordance with any instructions attached to the medication or written instructions provided by a registered medical practitioner using a medical management form). | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| I/we agree to notify the school as soon as possible if my child will be absent. | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| I/we agree to give two weeks written notice to withdraw my child from the school. | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| There are times when children may be photographed or filmed: e.g., special events, newspaper articles, television, news items. I/we give permission for my/our child to be filmed or photographed and for photos to be used for non-profit promotional purposes. | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| I/we consent to my child's name in the school newsletter/website for an undefined period of time. | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| I/we consent to my child's name and/ or photo be published on printed media and social media for an undefined period of time. | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| From time-to-time teachers will take classes on short local walks as part of the school's educational program. These walks will take place at any time during the year. It is understood that in extreme heat or inclement weather conditions. such as walks would not take place. I/we give the consent for my/our child to go on short local walks. Note - major excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving financial cost a separate notice will be given and separate consent forms collected. | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| I/we give consent for my/ our child to participate in any incursions the school may organise, where people share their skills, knowledge, experiences etc. with my/our child. | Yes | No |
|---|-----|----|

It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.

**I declare to the best of my knowledge that the information contained in this form as state above is correct.**

Signature (Parent 1) ..... Date .....

Signature (Parent 2) ..... Date .....

Name of person enrolling the student and providing consents (please print)

.....

**Please note:** The Greek Orthodox School of the Darwin may not be able to accept students who require extensive support without our assistance.

Ambulance and medical costs, if applicable, remain the responsibility of the parent/guardian.

## DECLARATION

I/ We .....

PRINT FULL NAME(S)

As a person/people who has/have lawful authority of the child referred to in this enrolment form for the Greek Orthodox School of the Darwin:

- Declare that the information in this enrolment form is true and correct and endeavor to immediately inform the school in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the staff at this school seeking or where appropriate administering any medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I will reimburse any expense incurred by the school should this happen.
- Consent to the staff administering medication if so requested by me in writing using the appropriate medication authority form, (but recognize all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; and any written instructions provided by a registered medical practitioner).
- Agree if an emergency occurs, the Nominated Supervisor or other staff may administer emergency first aid and call an ambulance without contacting me and acknowledge staff will notify me as soon as possible.
- Authorize for the Nominated Supervisor or other staff at the service to administer general first aid products as per the manufacturer's recommendation.
- Authorize the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature if staff have been unable to organise someone to collect the child, or when the person collecting the child will take longer than staff believe is a safe time frame.
- Declare that I have been made aware of the school's policies and will abide by those policies.
- Agree to notify the school as soon as possible if my child will be absent.
- Agree to giving two weeks written notice to withdraw my child from the school
- Give consent for my child to participate in any incursions the school may organise, where people share their skills, knowledge, experience, etc. with the students.

Signature (Parent 1): ..... Date: .....

Signature (Parent 2): ..... Date: .....

### Privacy Disclaimer

The school acknowledges and respect the privacy of its community. The information that is being collected by the school is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipients of this information are the Greek Orthodox Community of Northern Australia Inc., and the Greek Orthodox School of the Northern Territory. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the school's record management policy. The contact information of students will be shared publicly only when the express permission is given to the Greek Orthodox School of the Northern Territory to do so or under mandatory reporting requirements.