



Greek Orthodox Community of Wellington (Inc.)

ENROLMENT FORM PRE SCHOOL AND PRIMARY 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

DO YOU GIVE PERMISSION FOR YOUR CHILD TO GO ON PRE-ARRANGED SCHOOL OUTINGS?

YES

NO

.....
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 2
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?

DO GRANDPARENTS LIVE WITH YOU IN THE HOUSE?

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