Child’s Name: Click here to enter text.

Date of Birth: dd/mm/yyyy.

Place of Birth: Click here to enter text.

Medical conditions or allergies the school should be made aware of:

Click here to enter text.

Father’s Name: Click here to enter text.

Mother’s Name: Click here to enter text.

Contact Address: Click here to enter text.

Landline Number: Click here to enter text.

Mobile Number: Click here to enter text.

Email Address: Click here to enter text.

**Please Print and sign to complete**

I have [read the rule of the school](http://www.goffsgreekschool.com/greek-parents-association/) and I agree to abide by them

I agree\disagree for my child to take part in group school photographs and videos that may be used to promote the school and the GPA –

**Please select**: Choose an item.

**We advise that all parents should focus on and only photograph and record their own children where possible if they are to post on to social media sites as the school cannot be held responsible.**

**Parent \Guardian Signature: ……………………………………………………………..**

**Dated: ……………………………………………………………..**