**Please Write in CAPITALS, unless typing.**

**Λεπτομέρειες μαθητών (Pupils Details)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full name | D.O.B (DD/MM/YY) | Place of Birth | Medical/Allergies |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| Άλλες πληροφορίες / Υγεία προβλήματος /Further Medical/ Allergy comments: |
|  |
|  |
|  |

**Λεπτομέρειες γονέων (Parents Details)**

|  |  |  |
| --- | --- | --- |
| Όνομα Πατέρας (Fathers Name) | Place of Birth | Occupation |
|  |  |  |
| Όνομα Μητέρας (Mothers Name) | Place of Birth | Occupation |
|  |  |  |

**Στοιχεία επικοινωνίας (Contact Details)**

|  |  |
| --- | --- |
| Address |  |
| Town & County |  | Post Code |  |  |  |  |  |  |  |
| Home Telephone | Mothers Mobile | Fathers Mobile |
|  |  |  |
| Mothers Email (CAPITALS Please) |  |  |
| Fathers Email (CAPITALS Please) |  |  |

**Other Persons permitted to collect your child**

|  |  |  |
| --- | --- | --- |
| Name | Relation to Child | Contact Number |
|  |  |  |
|  |  |  |

I have read and understood the [G.P.A Rules & Regulations](http://www.goffsgreekschool.com/about-goffs-greek-school/school-rules-policies/) of the school and agree to adhere to them and to assist my child\children to abide by them as a condition of their attendance. Once children are enrolled parents are liable for the annual fee even if they do not attend the whole year.

I **agree\disagree** for my child(ren) to take part in group school photographs and video that may be used to promote the Greek School, the G.P.A and K.E.A. We advise all parents to focus on their children only where possible if they are to post on to social media site as the school cannot be held responsible.

Your email will be added to an Email Distribution list in which updates will be emailed out on a regular basis keeping you informed of up and coming events, activities and news of interest. Not interested? X the box against your email.

Parents\Guardian Signature : …………………………………………………………………………………….­­

Date : …………………………………………………………………………………….