

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)							<input type="checkbox"/>
Fathers Email (CAPITALS Please)							<input type="checkbox"/>

Other Persons permitted to collect your child

Name	Relation to Child	Contact Number

I have read and understood the [G.P.A Rules & Regulations](#) 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. Goffs Greek School [GDPR policy](#) can be found on our website.

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 : _____