



REGISTRATION FORM

Goffs Greek School

SCHOOL YEAR []

(Child 1) – Student No [] Book No []

Full name.....

Date of birth.....

Place of birth.....

Father's name.....

Father's place of birth.....

Mother's name.....

Mother's place of birth.....

Other children in the family.....

Brothers or Sisters in other classes.....

Address.....

.....

Email Address.....

*Permission for website photos of children (Please Tick)

Telephone numbers.....

Medical conditions of which we should be aware.....

I have read and understood the G.P.A Rules & Regulations of the School and agree to assist my children to abide by them as a condition of their attendance.

* Agree for my child to take part in group school photographs and video that may be used to promote the school and the GPA.

Signature.....Date.....

(Child 2) – Student No []

Book No []

Full name.....

Date of birth.....

Place of birth.....

Medical conditions of which we should be aware.....

(Child 3) – Student No []

Book No []

Full name.....

Date of birth.....

Place of birth.....

Medical conditions of which we should be aware.....

(Child 4) – Student No []

Book No []

Full name.....

Date of birth.....

Place of birth.....

Medical conditions of which we should be aware.....

(Child 5) – Student No []

Book No []

Full name.....

Date of birth.....

Place of birth.....

Medical conditions of which we should be aware.....