



PUPIL REGISTRATION FORM - PLEASE COMPLETE IN CAPITAL LETTERS AND IN ENGLISH

The Three Hierarchs Greek School  
31 Avenue Crescent  
Leeds, LS8 4HD  
Tel: (0113) 2290827

[www.greekorthodoxcommunityleeds.org.uk](http://www.greekorthodoxcommunityleeds.org.uk)

Registered Charity number: 249960

**This registration form is for the enrolment of pupils into the school  
until the end of the GCSE year 2 class**

Please note:

- It is the parent's responsibility to inform the school of any changes to the information contained within
- The school offers 3 free taster sessions on request, upon completion of which, the parents/guardians shall inform the school whether their child will be continuing or not.
- The school will require **one term's written notice** of the pupil's intention to leave the school, during which the school fee is payable.

<b>1</b>	<b>Name of pupil:</b>	Surname:	First Names:
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<b>2</b>	<b>Date of birth:</b>	
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<b>3</b>	<b>Address:</b>	
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<b>4</b>	<b>Name of Parent/Guardian:</b>		<b>Occupation</b>	
	<b>Name of parent/guardian:</b>		<b>Occupation</b>	

<b>5</b>	<b>Contact telephone numbers:</b>	Mother Mobile:	Landline:
		Father Mobile:	Emergency contact:

<b>6</b>	<b>Personal email:</b>	Mother:
		Father:
		<b>Please write clearly, and use readily accessible email addresses as they will be used for all school communication.</b>

For Office Use Only:

Class Assignment Sept 20\_\_ - July 20\_\_

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Permanent Student ID

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Revised 03/02/2020 Final



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7	<b>Dietary requirements</b>	
8	<b>Medical condition(s)/ allergies (including food allergies)</b>	
9	<b>Other important information:</b> e.g. educational needs, behavioural issues, ADHD/dyslexia, safeguarding. Please give full details	
10	<b>Collection of pupils from school</b>	Name of authorised person(s) to pick up the pupil from school (e.g. parent/guardian, other family member, neighbour). Please note that the school will not be releasing the pupil to a different person unless notified by the parent/guardian in advance.
11	<b>For pupils over the age of 14 years</b>	If your child is allowed to return home after school without an authorised person to collect them, please confirm below. In such instances safeguarding responsibility after the release of the pupil from school rests with the parent/ guardian.

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**Pupil's family**

Which language(s) are mostly used in the pupil's home environment?

First language (the one the pupil uses most)	Second language	Other languages
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Registered child's country of birth	Mothers country of origin	Maternal grandmother's country of origin	Maternal grandfather's country of origin	Father's country of origin	Paternal grandmother's country of origin	Paternal grandfather's country of origin

**Religion and ethnicity of the pupil**

<b>Religion</b> Please circle the one that best describes the pupil's religion or belief:  Greek Orthodox Other Christian Denomination Other religious belief (please specify) No Religion Prefer not to say	<b>Ethnic Category</b> Please circle the one that best describes the pupil's ethnic origin: Greek Cypriot Mixed Greek/ Other (please specify) Cypriot / Other (please specify) Other (please specify) Prefer not to say
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**Payment information**

Please select your preferred payment method (tick one box):

- Lump sum payment of the full year's fees by 30 September (a discount is given for this method of payment)
- Payment by monthly direct debit (10 instalments)

Families who due to exceptional circumstances wish to set up a tailored payment plan are advised on registration to make contact with the treasurer at [treasurer.greekschool@gmail.com](mailto:treasurer.greekschool@gmail.com) to finalise payment arrangements.

**Data Protection**

All personal and special category information you provide is processed in strict confidence and in line with the requirements of data protection legislation. For more information on how your information is processed and your rights please refer to our privacy notice located at the school website.

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**Parental Declaration**

I certify that the information provided in this form is true and correct at the date of signing.

I understand and agree that if any information provided should change, it will be my responsibility to inform the school.

By filling in this form I agree to:

- abide by the school's parent handbook and the rules outlined within
- to receive communication by email, post or phone for matters relating to the school
- authorise the staff at our Greek School to seek and/or administer emergency medical treatment as is reasonably necessary. I understand that I will be contacted as early as possible in the event of an incident
- comply with the school's terms and conditions for payment outlined in the school handbook

**Parent's / Guardian's**

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

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

**We make Greek school!**

Join our friendly community of Greek school parents and friends and make a difference to our school!

Our WhatsApp group 'We make Greek school' is a group of supporters and helpers of our beloved Greek school. We aim to keep everyone updated with what's going on at the school and what help is needed. Stay connected for frequent updates and more... because it is us together who make the Greek school!

If you would like to join please tick the box. Your name and mobile phone number will be shared with the other members of the group.

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