

# ST EUPHEMIA COLLEGE

*Strive for Excellence*



Greek Orthodox Archdiocese of Australia  
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High School Email: [officehs@steuphemia.nsw.edu.au](mailto:officehs@steuphemia.nsw.edu.au)

## APPLICATION FOR ENROLMENT

Class for which enrolment is sought: \_\_\_\_\_ Proposed date of entry: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F

Country of Birth: \_\_\_\_\_ If not born in Australia, date of arrival: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Languages spoken at home (other than English): \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

Present class and school (if applicable): \_\_\_\_\_

Student resides with:  Both Parents/Caregivers  Mother/Caregiver  Father/Caregiver  
 Other – Please specify: \_\_\_\_\_

### PARENTS OR CAREGIVERS

Father/Caregiver

Mother/Caregiver

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Given Name: \_\_\_\_\_ Title: \_\_\_\_\_

Given Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_

(m): \_\_\_\_\_ (Fax): \_\_\_\_\_

(m): \_\_\_\_\_ (Fax): \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**SIBLINGS** - Please circle the child's position in the family: 1 2 3 4 5 6

Other children in family:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Attending/attended the College: (Yes/No)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Attending/attended the College: (Yes/No)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Attending/attended the College: (Yes/No)

**MEDICAL INFORMATION**

Allergies, asthma, or any other illness: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**Special Notes:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Emergency contact (if parents are unavailable): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEDICAL TREATMENT**

If a student needs urgent hospital or medical treatment of any nature and the School is unable to contact the parent or caregiver after making reasonable efforts, I/we authorise the School to give authority for such treatment. I/We indemnify the School, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatments.

**STUDENT BELONGINGS**

Students are responsible for their own belongings and the School will not be liable for any loss or damage to these belongings.

**SCHOOL PUBLICATIONS**

I/We give permission for my child's name, photograph and/or written material to be used for School publicity purposes in print and/or electronic form such as, newsletters, newspapers, School's website, yearbook, prospectus etc.

**PRIVACY POLICY**

From time to time the School discloses personal information for administrative, educational and medical purposes. I/We give permission for the School to release personal information to other schools (where student transfers occur), government departments and medical practitioners.

**DECLARATION**

I/We have read and agree to conform to the Rules and Regulations of St Euphemia College. I/We understand that acceptance of this form by St Euphemia College does not constitute enrolment of the student. Enrolment of the student will depend upon a position being available.

\_\_\_\_\_  
Signature of Father/Caregiver

\_\_\_\_\_  
Signature of Mother/Caregiver

Date \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST** (Where applicable, please include the following with your application form) *Applicable* *Not Applicable*

Cheque for application fee of \$100.....

Copy of your child's Birth Certificate.....

Copy of your child's latest school report (except Kindergarten).....

Copy of residency/citizenship papers if the child or both parents were born overseas.....

Data Collection Form.....

Copy of your child's Immunisation Certificate..... .....

Copy of your child's Baptism Certificate ..... .....