

Greek School of Ayia Triada Birmingham

Branches: Erdington, Worcester, Tamworth, Cannock, Stourbridge, Stoke on Trent

tel. 01213266538, 07842020089

website: www.greeksat.org.uk



Registration Form

School Branch: Erdington Mon, Erdington Sat, Erdington Wed
Tamworth, Stourbridge, Worcester, Cannock, Stoke on Trent

PUPIL / Adult Learner Information

Name and Surname of student		Date of Birth	
Level This Year <i>(circle as appropriate)</i>	Nursery Reception Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 GCSE GCE AS GCE A2	Place of Birth	
Name of Mainstream School attending		Pupil 3-18	YES NO
Medical or Other Conditions	YES NO <i>(Circle as appropriate. If YES please fill out HEALTH INFORMATION FORM, on the back of this page and provide the school with care plan)</i>	Adult Learner 18+	YES NO

FATHER/ Next Of Kin

Name and Surname		Nationality <i>(circle as appropriate)</i>	Cypriot Greek English English Cypriot/ Greek Other
Occupation		Place of Birth	
Home Address		Landline:	
		Mobile:	
Email			

MOTHER/ Emergency Contact

Name and Surname		Nationality <i>(circle as appropriate)</i>	Cypriot Greek English English Cypriot/ Greek Other
Occupation		Place of Birth	
Home Address		Landline:	
		Mobile:	
Email			

I consent to allowing Ayia Triada School to use my child's picture, artwork, written work, drawings only in the following: I Fully Consent to All School Website and Newsletters Official School Website
Gr. A. Triada Bham Facebook Page & Parents Group

Follow us: www.greeksat.org.uk (Policy Information)

Parent Signature: _____

Print Name: _____

I am aware of the school policies and I have completed this form to the best of my knowledge. I have also informed the school of any medical or other issues in relation to this registration. Also I am aware that it is illegal to provide the wrong information on this registration.



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HEALTH INFORMATION FORM & HEALTH CARE PLAN

Please complete the following sections to the best of your knowledge and advice of any health care plan in place.

School Setting: (please circle as appropriate)	Erdington Tamworth Worcester Cannock Stourbridge Stoke on Trent
Name & Surname of Child:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or condition	
Date diagnosed	
Date reviewed	

Family's Contact Details

Mother's Name	
Relation	
Phone number (work)	
(home)	
(mobile)	
Father's Name	
Relation	
Phone number (work)	
(home)	
(mobile)	

Describe Medical Needs and give details of child's symptoms	
Daily Care Requirements	
Describe what constitutes an emergency and the action to take if this occurs	
Follow-up care (including who to contact if required)	
Who is responsible in case of an emergency	

I understand that the school needs to know this information and I have completed this form to the best of my knowledge. Also, I understand that I must notify the school of any changes in writing

Parent Signature: _____

Follow us: www.greeksat.org.uk (Policy Information)

Print Name: _____

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