

Greek School of Ayia Triada Birmingham

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

tel. 01213266538, 07842020089

website: www.greeksat.org.uk



Adult Learners Registration Form

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

Student

Date: _____

Name and Surname of student		Date of Birth	
Level This Year (circle as appropriate)	1. BEGINNER LEVEL 2. INTERMEDIATE LEVEL 3. HIGHER LEVEL 4. Ellinomatheia	Nationality	English Cypriot Greek Other
Profession		Please state	
Medical or Other Conditions	YES NO (Circle as appropriate. If YES please fill out HEALTH INFORMATION FORM, on the back of this page and provide the school with care plan)	Adult Learner 18+	YES NO

Next Of Kin

Name and Surname		Nationality (circle as appropriate)	
Occupation		Place of Birth	
Home Address		Landline:	
		Mobile:	
Email			

Emergency Contact (if different from above)

Name and Surname			
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 School Magazine

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.

Signature: _____

Print Name: _____



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HEALTH INFORMATION FORM

Please complete the following sections in case of any Health problem

School Setting: <small>(please circle as appropriate)</small>	Erdington Tamworth Worcester Cannock Stourbridge Stoke on Trent
Name	
Medical Diagnosis or Condition	
Date diagnosed	

Emergency Contacts

Name	
Relation	
Phone number	
mobile	
home	
work	

Information of Medical Needs	
Medication details	
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

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

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Signature: _____

Print Name: _____