

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

Student

Date: _____

Name and Surname of student		Date of Birth	
Level This Year (circle as appropriate)	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 <small>(Circle as appropriate. If YES please fill out HEALTH INFORMATION FORM, on the back of this page and provide the school with care plan)</small>	Adult Learner 18+	YES NO

Father

Name and Surname		Nationality (circle as appropriate)	Cypriot Greek English English Cypriot/ Greek Other
Occupation			
Home Address		Landline:	
		Mobile:	
Email			

Mother

Name and Surname		Nationality (circle as appropriate)	Cypriot Greek English English Cypriot/ Greek Other
Occupation			
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.

Parent Signature: _____

Print Name: _____



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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:	
Home Address:	
Medical Diagnosis or condition	
Date diagnosed	
Date reviewed	

Family's Emergency Contact Details

Mother's Name	
Father's Names	
Phone number work	
home	
Mobile mother & father	

Details about medical or other needs	
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 Follow us: www.greeksat.org.uk (Policy Information)
- 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.

Parent Signature: _____

Print Name: _____