

Φόρμα εγγραφής // Enrolment Form

Ελληνικό Ορθόδοξο Σχολείο Παναγίας Χρυσελεύσας & Αγίας Μαρίνας

Ss Mary & Marina Greek Orthodox School

2 Kingcross street, Longton, Stoke on Trent, ST3 1BS

Please email your enrolment form to the following email addresses:

agiamarinacommunications@outlook.com // eranou_agiamarina@outlook.com

1.Details of Child

First Name:

Surname:

Date of Birth:

Gender:

Home Address:

Postcode:

2.Details of Parent or Carer/ Emergency Contact (1)

Title:

Home telephone:

First Name:

Mobile

Surname:

Work telephone:

Relationship to child (e.g. mother, father, carer):

Email address:

3.Details of Parent or Carer/Emergency Contact (2)

Title:

Home telephone:

First Name:

Mobile

Surname:

Work telephone:

Relationship to child (e.g. mother, father, carer):

Email address:

4.Children in Public Care

Is your child Looked After by a local authority?

Yes No

Was your child previously looked after but was then adopted or became subject to a child arrangement order or special guardianship order, or has your child been in state care outside of England and ceased to be in state care as a result of being adopted?

Yes No

5.Background Information

Does your child have an Education, Health and Care Plan?

Yes No

Does your child have a Special Educational Need and/or disability? (e.g. Autism, ADHD, SEMH, EAL)

Yes No

Does your child have any other medical needs? (e.g. asthma, diabetes, allergies)

Yes No

If you have answered 'yes' to any of the questions above, please fill out the box below which explains, in detail, the needs of your child. This will help us to understand how to better support them.

If your child has an Education, Health and Care Plan, please provide a copy to enable us to understand how to better support them.

6.Consent

Please list three people (in order of priority) to whom you give consent to collect your child:

Tick this box if you DO NOT wish for your child to be included in any photos/videos on our school website/social media pages.

7. Additional Information

Please use this space to share any additional information regarding your child's individual needs/requirements. This includes Educational, Health and Care Plans, Special Educational Needs and/or Disabilities, and any other medical needs to which we need to be made aware of.

8. Proficiency

This section will allow us to understand your child's proficiency in the Greek language and will inform us on the most suitable class for your child.

What is your child's proficiency in Greek speaking? (Native, fluent, Advanced, Basic, Beginner).

What year group is your child in at their full-time school?

What is your child's proficiency in Greek writing? (Native, fluent, Advanced, Basic, Beginner).