ΕΛΛΗΝΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ ΑΓΙΟΥ ΠΑΝΤΕΛΕΗΜΟΝΟΣ
ΕΛΛΗΝΙΚΟ ΚΟΛΕΓΙΟ ΑΓΙΟΥ ΠΑΝΤΕΛΕΗΜΟΝΟΣ
ST. PANTELEIMON HELLENIC COLLEGE
660 Kenton Road, Harrow, MIDDX, HA3 9QN Tel. 020 8732 2833
Website: https://helleniccollege.co.uk E-mail: headteacher@helleniccollege.co.uk

STUDENT REGISTRATION FORM

STUDENT R. NUMBER FILLED BY OFFICE

Please use BLOCK CAPITALS

A) STUDENT DETAILS:

SURNAME: ..... FORENAME: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

ADDRESS: .....

.....POST CODE: .....

B) PARENT / GUARDIAN DETAILS:

PARENT FORENAME: .....

SURNAME: .....

ADDRESS (IF DIFFERENT FROM STUDENT) .....

.....

.....POST CODE:.....

PLACE OF ORIGIN: .....

MOBILE : .....

EMAIL: .....

Do you have parental responsibility for the student?

YES ☐ NO ☐

PARENT FORENAME: .....

SURNAME: .....

ADDRESS (IF DIFFERENT FROM STUDENT) .....

.....

.....POST CODE: .....

PLACE OF ORIGIN: .....

MOBILE: .....

EMAIL: .....

Do you have parental responsibility for the student?

YES ☐ NO ☐

C) EMERGENCY CONTACTS if both parents / guardians are unavailable

EM. CONTACT NAME & MOBILE: .....

EM. CONTACT NAME & MOBILE: .....

D) SPECIAL EDUCATION NEEDS & DISABILITIES

Please inform the school if your child has a SEND diagnosis or any learning, emotional, social difficulty that you are aware of ……

……

……

E) MEDICAL AND DIETARY NEEDS

It is important for safeguarding purposes that you let us know if your child presents with any of the following.

Please tick:

ASTHMA ☐ DIABETES ☐ ECZEMA ☐

EPILEPSY ☐ HAYFEVER ☐ NUT ALLERGY ☐

Other Allergies: (please state): ……

Other Medical Condition the school needs to be aware of (please state): ……

……

F) SCHOOL FEES

School fees can be paid either in a) full at the start of the school year, b) two equal instalments in September and January or c) three equal instalments in September, January and April. Notwithstanding the above, should any parent/ guardian have concerns about the payment of fees please do not hesitate to contact the parents committee.

G) DECLARATION please read carefully and tick the boxes

☐ I/We understand and give consent that my/our child be photographed from time to time at events or school functions and performances.

☐ I/We understand that the school may obtain, process and hold personal information about our child which may include sensitive information such as medical details, and we consent to this for the purposes of safeguarding and promoting the welfare of the child.

Parent / Legal Guardian Parent / Legal Guardian

Signature: ……

Full name: ……

Relationship to child: ……

Date: ……

To comply with GDPR guidelines, once you have completed this form, please hand it at school or email it to headteacher@helleniccollege.co.uk