**GPA REGISTRATION FORM**

**HAZELWOOD GREEK SCHOOL**

**SCHOOL YEAR 2015/6**

**Full name of child …………………………………………………………………**

**Date of birth ……………………………………………………………………….**

**Place of birth ………………………………………………………………………**

**Fathers name ………………………………………………………………………**

**Father’s place of birth …………………………………………………………….**

**Mother’s name ……………………………………………………………………..**

**Mother’s place of birth ……………………………………………………………**

**Other children in the family ……………………………………………………..**

**Brothers or sisters in other classes ………………………………………………**

**Medical conditions of which school should be aware …………………………**

**Address……………………………………………………………………………**

**Telephone numbers ……………………………………………………………..**

**E-mail: ……………………………………………………**

I have read the rules of the school and agree to adhere to them and promise to help my child/children abide by them. **Once children are enrolled parents are liable for the annual fee even if they do not attend the whole year.** I **agree/do not** **agree** for my child to take part in group school photographs and video that may be used to promote the school and the GPA. **Please delete as appropriate**.

**Parent’s / Guardian’s Signature ………………………………………………….**

**Date……………………..**