



ΕΛΛΗΝΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ ΑΓΙΟΥ ΠΑΝΤΕΛΕΗΜΟΝΟΣ
ΕΛΛΗΝΙΚΟ ΚΟΛΕΓΙΟ ΑΓΙΟΥ ΠΑΝΤΕΛΕΗΜΟΝΟΣ
ST. PANTELEIMON HELLENIC COLLEGE
Διευθυντής: Πρωτοπρ. Κωνσταντίνος Παπαγεωργίου
660 Kenton Road, Harrow, MIDDX. HA3 9QN
Τηλ. 020 - 8732 2833 E-mail : headteacher@stphc.co.uk

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STUDENT REGISTRATION FORM

Please use **BLOCK CAPITALS**

STUDENT R. NUMBER FILLED BY OFFICE

A) STUDENT DETAILS:

SURNAME: FORENAME:

GENDER male female DATE OF BIRTH:

ADDRESS:

.....POST CODE:

B) PARENT / GUARDIAN DETAILS:

MOTHER FORENAME: FATHER FORENAME:

SURNAME: SURNAME:

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

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

HOME TEL No: HOME TEL No:

MOBILE : MOBILE:

EMAIL: EMAIL:

Do you have parental responsibility for the student? Do you have parental responsibility for the student?

YES NO

YES NO

C) EMERGENCY CONTACTS if both parents / guardians are unavailable

EM. CONTACT 1:

EM. CONTACT 2:

D) SPECIAL EDUCATION NEEDS

Please inform the school if your child has an SEN diagnosis or any learning, emotional, social difficulty that you are aware of.

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E) MEDICAL AND DIETARY NEEDS

It is important for safeguarding purposes that you let us know if the student presents with any of the following. Please tick:

ASTHMA	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	HAYFEVER	<input type="checkbox"/>
ECZEMA	<input type="checkbox"/>	NUT ALLERGY	<input type="checkbox"/>

Other Allergies: (please state):

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

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F) 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:

To comply with GDPR guidelines, once you have completed this form please post it to *St Panteleimon Hellenic College, 660 Kenton Rd, Harrow MIDDX, HA3 9QN* or hand it in the church in a **sealed envelope.**