



THE HELLENIC SCHOOL OF ST PETER & ST PAUL, BRISTOL (Supplementary School)
CHILD REGISTRATION FORM 2016-2017

PHOTO	<p>Start Date / Date of Renewal: _____ (circle accordingly)</p> <p>(To be completed by the Head Teacher) Class: _____</p> <p>Date of Birth: / /</p> <p>Place of Parents' Origin(please specify country / hometown)</p> <p>Mother _____ Father _____</p>
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STUDENT INFORMATION

First Name (s) _____

Last Name _____

Address _____

Postcode _____

Mother's/Carer's Name _____

Mobile _____ E-mail _____

Father's/Carer's Name _____

Mobile _____ E-mail _____

EMERGENCY CONTACT / relation to pupil _____ / _____

MEDICAL CONDITIONS

Please list below any medical conditions, allergies and medication that the school and the teachers need to be made aware of:

- 1. _____
- 2. _____
- 3. _____

Individuals authorised to pick up my child:

- 1. _____
- 2. _____
- 3. _____

Payment confirmation : (circle accordingly)

Monthly - Standing order renewed / to be renewed (10 regular payments : October 1st - July 1st)

Annual - paid / awaiting payment

Parent or Carer's Signature _____