



THE EDINBURGH HELLENIC SCHOOL OF ST ANDREW

2 Meadow Lane Edinburgh EH8 9NR

Tel: 07593 897914

www.greekschool-edinburgh.co.uk

**REGISTRATION FORM
SCHOOL YEAR 2017-2018**

PUPIL'S NAME

DOB/AGE

CLASS/ YEAR AT ENGLISH SCHOOL

CLASS/ YEAR AT GREEK SCHOOL (if attended)

PARENTS'/GUARDIAN'S NAMES

.....

ADDRESS

.....

PHONE NUMBER – DAYTIME EVENING

- MOBILE (S)

EMAIL(S):.....

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EMERGENCY CONTACT PERSON & NUMBER (Preferably other than parents)

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PLEASE LIST 3 DAYS OF PREFERENCE FOR ATTENDING SCHOOL AND
AFTER WHAT TIME YOU CAN ATTEND EACH DAY

1.

2.

3.

I/WE AGREE TO RESPECT AND ABIDE BY THE SCHOOL REGULATIONS

DATE

PARENT'S SIGNATURE

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