

GOCW Platon Academy
Greek School Registration Form 2026-2027

Last Name:	
First Name:	
Full Name in Greek:	
Date of Birth:	
Address:	

Are you members of the Greek Orthodox Community of Windsor? YES _____ NO _____

Parent/Guardian Information:

	Mother/Guardian	Father/Guardian
Last Name:		
First Name:		
Address:		
Home Phone/Cell Phone:		
Email Address:		

EMERGENCY CONTACT:

Please list an emergency contact other than parent

Name	Home Phone Number	Cell Phone Number

MEDICAL HISTORY

Health Card No. _____ Family Doctor: _____ Phone No. _____

Allergies, chronic conditions, recent illness or surgery of which staff should be aware of:

Is the student currently taking any medication: YES _____ NO _____

Please list: _____

MEDICAL CONSENT FORM

I/WE, being the legal parent/Guardian of _____

Hereby authorize and give permission for authorized staff to seek medical attention and/or transmit the above mentioned student to the nearest hospital for required medical attention should the situation arise that necessitates the same.

I/WE, understand that I/WE will be advised immediately of such medical problems that arise during the school year and permission will be sought verbally over the phone should such situation be deemed necessary.

DATE

PLEASE PRINT Parent/Guardian Name

Parent/Guardian Signature

DATE

PLEASE PRINT Parent/Guardian Name

Parent/Guardian Signature