



**St George
College**

SACE OFFLINE MODERN GREEK COURSES

**ELC-12
Co-Educational College on
Adelaide's CBD Fringe**

St George College offers the
Stage 1 and Stage 2
Continuers courses offline.

Classes are taught at the
Senior Campus 75 Rose Street
Mile End SA 5031.

[Scan QR code to enrol](#)





Offline Modern Greek – Stage 1 and 2

Modern Greek at continuers level is a 10-credit or a 20-credit subject at Stage 1, and a 20-credit subject at Stage 2. At continuers level, students develop their skills to communicate meaningfully with people across cultures.

Students are given opportunities to develop knowledge, awareness, and understanding of other languages and cultures in relation to their own. Students reflect on their own attitudes, beliefs, and values, and develop an understanding of how culture and identity are expressed through language.

Students develop and apply linguistic and intercultural knowledge, understanding, and skills by:

- Interacting with others to exchange information, ideas, opinions, and experiences in Modern Greek
- Creating texts in Modern Greek for specific audiences, purposes, and contexts to express information, feelings, ideas, and opinions.
- Analysing a range of texts in Modern Greek to interpret meaning.
- Examining relationships between language, culture, and identity, and reflecting on the ways in which culture influences communication.

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SACE Modern Greek Continuers Stage 1

Times: Tuesday 4-7pm

Classes run all year during school terms

Location: St George College Senior Centre (Senior Campus)

Cost: \$525 per semester payable by the first week of each semester.

SACE Modern Greek Continuers Stage 2

Times: Wednesday 4-7pm

Classes run all year during school terms

Location: St George College Senior Centre (Senior Campus)

Cost: \$525 per semester payable by the first week of each semester.



Confidential Application for Enrolment- St George College Offline Modern Greek Stage 1 and Stage 2

Section 1 : Student Information

> PART 1A STUDENT PERSONAL INFORMATION

Surname:		First Name:	
Middle Name(s)		Preferred Name:	
Date of Birth: / /	Age:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Year Level:			
Year Selection: <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2			
Mainstream School:			
SACE Number:			
Do you give permission for your child to be on St George College socials, newsletter, and publications in reference to this class? <input type="checkbox"/> Yes <input type="checkbox"/> No			

> PART 1B STUDENT'S PRIMARY ADDRESS DETAILS

Please complete the details below for the Student's Primary Address (i.e., the address where the student lives for more than 50% of the time)

Student's Primary Address:		
		Suburb:
Postcode:	Telephone:	Mobile:

> PART 1C STUDENT'S MEDICAL DETAILS

I give St George College permission to apply first aid to my child or contact an ambulance if required		<input type="checkbox"/> Yes	<input type="checkbox"/> No
We have Ambulance Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Hospital:	
We have Private Health Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:	Provider Number:	
We have a Medicare Card: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number:	Expiry Date : / /		
Please indicate whether your child suffers from any of the following conditions :			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Special Needs
If you selected yes to any of these conditions, please provide copies of any reports / medical action plan / treatment plan or medication details			
Are any of the ticked conditions critical? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2 : FAMILY INFORMATION

> PART 2A PARENT / LEGAL GUARDIAN 1
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First Name (s) :
Surname :
Phone: (H)
Mobile: (M)
Email:
Signature:
Date:

> PART 2B PARENT / LEGAL GUARDIAN 2
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First Name (s) :
Surname :
Phone: (H)
Mobile: (M)
Email:
Signature:
Date:

