

Greek School Registration Form

1. Registration Form for Students of Pre-Kindergarten through Regents Level
2. Registration will take place June 2nd to June 30th – during office hours 9 a.m. – 5 p.m.
Please note: Office is closed between 1 p.m. - 2 p.m. Call office before you come in to register.
3. Classes meet promptly on Tuesday and Fridays, from 5:00 p.m. until 6:30 p.m.
4. Remember: Your “Stewardship” must be current for 2010 in order to register your child.

Student’s Name: English: _____ Grade _____

Greek: _____

Student’s Date of Birth _____

Student’s Social Security Number: _____
(For Graduating Class Only)

Second Student’s Name: English: _____ Grade _____

Greek: _____

Student’s Date of Birth _____

Home Address: _____
House number, Street, City, State, Zip Code

Phone: Home: _____ E-mail Address: _____

Business: Mother: _____ Mother’s Cell Phone: _____

Business: Father: _____ Father’s Cell Phone: _____

Parent’s Names: _____

____ I wish to serve as a classroom volunteer. ____ I do not wish to serve as a classroom
volunteer. I will donate \$50.

Church Membership Number: _____

Registration Fee: (Amount) _____ for _____ students. Registration paid on: _____

(X) by ___ check number _____ Amount on check _____

(X) by ___ cash Amount paid: _____

(x) by ___ credit card Amount paid: _____