

GREEK SCHOOL REGISTRATION – 2017-2018

PLEASE PRINT

LAST NAME _____ FATHER _____ MOTHER _____

ADDRESS _____ CITY _____ ZIP CODE _____

Emergency TELEPHONE # (____) _____ **NEW ADDRESS, PHONE, EMAIL? YES / NO**

E-Mail _____ @ _____

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____ **Public School**

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____

TUITION DUE DATE	1 Student	2 Students	3 Students
November 21	\$100	\$175	\$250

Tuition includes cost of books

FOOD ALLERGIES? PLEASE LIST HERE:

Office Use Only PD R# _____ Paid \$ _____ Roster ___ Address ___ Ledger ___ Email ___ Info ___ Allergies ___
