

Assumption Church Greek School Registration Form

2016/2017 School Year

Student Information

Student's Name _____

Student's Baptismal name _____

Home Address _____ Tel: _____

City State Zip Code _____

Date of Birth: _____ Age: _____ Grade: _____

Has the student had any Greek lessons Yes _____ No _____

If yes, please indicate when and for how long: _____

Please describe student's ability to understand, speak, read and write Greek: _____

Please list any food allergies, restrictions medications, etc: _____

Parent/Guardian Information

Mother: Full Name: _____
Email address _____
Home Phone _____ Cell Phone _____

Father: Full Name: _____
Email address _____
Home Phone _____ Cell Phone _____

Emergency Contact (other than parent)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Registration Fee: \$120 per school year/\$110 for second child
Please make check payable to: Assumption Church Greek School
Please mail completed form and payment to the:
Assumption Greek Orthodox Church, 1755 Des Peres Rd., Town & Country, MO 63131 Attn:Greek School

FOR OFFICE USE ONLY:

Registration Fee Paid: Amount _____ Cash _____ Check _____ Check Number _____

Payment Received By: _____ Date Received: _____