

2017/18 GREEK SCHOOL REGISTRATION

San Diego Greek Language School – St. Spyridon Church 3655 Park Blvd. San Diego, Ca. 92103

Fall Semester _____

Spring Semester _____

Parents name (s): _____

Address _____ City _____, CA. Zip _____

Phone: H () _____ Bus () _____ Cell () _____

E-mail: _____ E-mail: _____

TUITION INCLUDES BOOKS AND MATERIALS

First Child (\$230) _____ DOB: _____

Grade level & name of public school _____

New Student _____ Returning student _____ Speaks Greek _____ Understands Greek _____

Second Child (\$180) _____ DOB _____

Grade level & name of public school _____

New Student _____ Returning student _____ Speaks Greek _____ Understands Greek _____

Third Child (\$180) _____ DOB _____

Grade level & name of public school _____

New Student _____ Returning student _____ Speaks Greek _____ Understands Greek _____

PLEASE CHOOSE BELOW IN ORDER OF PREFERENCE 1, 2 or 3

___ Thursday 4:30- 6:30 pm ___ Friday 4:30- 6:30 pm ___ Saturday 10:30-12:30 pm

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OFFICE USE ONLY

Amount owed \$ _____

Amount Paid: \$ _____

Date Paid: _____

Check # _____ Cash _____ CC: _____

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For more info please contact Athena Georges @ athenakotinopoulos@gmail.com / 619-992-4452
Church Office: 619-297-4165