

2017 / 2018 GREEK SCHOOL REGISTRATION

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

Fall Semester _____ Spring Semester _____

First Child _____ DOB: _____ (\$230)

Grade level & name of public school _____

New Student Returning Student Speaks Greek Understands Greek

Second Child _____ DOB _____ (\$180)

Grade level & name of public school _____

New Student Returning Student Speaks Greek Understands Greek

Third Child _____ DOB _____ (\$180)

Grade level & name of public school _____

New Student Returning student Speaks Greek Understands Greek

Parents name (s): _____

Address _____ City _____, CA. Zip _____

Phone: HM _____ Bus _____ Cell _____

E-mail: _____ E-mail: _____

Class Options: **Thur.** 4:15- 6:15pm **Fri.** 4:15- 6:30 pm **Sat.** 10:30-12:30 pm

I give permission to use my child's image on Greek School material and social media.

* Parent Signature(s) Required

TUITION INCLUDES BOOKS AND MATERIALS

OFFICE USE ONLY

Tuition: \$ _____ Amount Paid \$ _____ Date Paid _____

Books: \$ _____ Check # _____ Cash _____

Total: \$ _____ CC: _____ Receipt # _____