

2016/2017 GREEK SCHOOL REGISTRATION

Greek Language Afternoon Classes - Sponsored by St. Spyridon Greek Orthodox Church
at St. Spyridon Greek Orthodox Church - 3655 Park Blvd. S.D. Ca. 92103

Fall Semester _____

Spring Semester _____

Parents Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: Residence: () _____ Business: () _____

E-Mail Address _____

First Child _____ Date of Birth _____ (\$200/SEM)

Place of Birth _____ Grade level & Name of public school _____

New Student ? _____ or Returning? _____; Speaks Greek ? _____ Understands Greek? _____

Second Child _____ Date of Birth _____ (\$150/SEM)

Place of Birth _____ Grade level & Name of public school _____

New Student ? _____ or Returning? _____; Speaks Greek ? _____ Understands Greek? _____

Third Child _____ Date of Birth _____ (\$150/SEM)

Place of Birth _____ Grade level & Name of public school _____

New Student ? _____ or Returning? _____; Speaks Greek ? _____ Understands Greek? _____

Fourth Child _____ Date of Birth _____ (\$100.00)

Place of Birth _____ Grade level & Name of public school _____

New Student ? _____ or Returning? _____; Speaks Greek ? _____ Understands Greek? _____

Comments (if any) relating to the Greek Language Class: _____

Would you like to be a member of the Parents' Committee? No _____, Yes _____

DO NOT WRITE BELOW THIS LINE

Amount Due: \$ _____

Amount Paid: \$ _____

Tuition: \$ _____

Date Paid _____

Books: \$ _____

Check # _____ Cash _____

Total: \$ _____

Receipt # _____