

# 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
<b>November 21</b>	<b>\$100</b>	<b>\$175</b>	<b>\$250</b>

Tuition includes cost of books

**FOOD ALLERGIES? PLEASE LIST HERE:**

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