

St. Luke's Greek Language School Registration Form 2009 – 2010

Student Information

Student must be 6 years old by September 1st

1. Student's Last Name: _____ **Student's First Name:** _____

Date of Birth: _____ Age: _____ Grade in public school: _____

Student's full name in Greek: _____ Allergies: _____

2. Student's Last Name: _____ **Student's First Name:** _____

Date of Birth: _____ Age: _____ Grade in public school: _____

Student's full name in Greek: _____ Allergies: _____

3. Student's Last Name: _____ **Student's First Name:** _____

Date of Birth: _____ Age: _____ Grade in public school: _____

Student's full name in Greek: _____ Allergies: _____

Parent Information

Mother's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail: _____

Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail: _____

*Note: if parents live in two separate locations please fill out the second address line provided.

In case of emergency, please contact:

1.Name: _____ Phone # _____

2.Name: _____ Phone # _____

Tuition Fee/ Members only: (Must be a steward by September 1st 2009)

First Child - \$300.00 Additional Children - \$250.00 Number of Students: _____

Tuition Fee/ Non Members:

First Child - \$500.00 Additional Children - \$450.00 Number of Students: _____

Amount Paid: \$ _____ Circle one: Cash or Check

Check #: _____ *Make checks payable to "St.Luke's Greek School"

PTO dues \$ 30.00: Cash or Check# : _____ *Make checks payable to "St.Luke's Greek School PTO"

Notes: _____