

Office Use Only
Assigned Class:
Assigned Teacher:
Payment Info:
#Of Siblings in Program:



ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΑΓΙΟΣ ΒΑΣΙΛΕΙΟΣ
St. Vasilios Greek School
2011-2012 Registration Form

Student's Last Name _____ First Name _____ Birthday ___ / ___ / ___

Last Name in Greek _____ First Name in Greek _____

Address _____ City & Zip _____

Mother's Name _____ Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Grade in American School _____

Last Grade in Greek School _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Insurance Carrier _____

Please list ALL medical conditions your child's teacher should be made aware of (e.g. diabetes, epilepsy, allergies, hyperactivity, learning disability, heart conditions etc.) Also, please list all medications your child is currently taking and for what condition.

WAIVER OF RESPONSIBILITY- I AUTHORIZE THE STAFF OF THE ST. VASILIOS GREEK SCHOOL TO CALL AN AMBULANCE FOR MY CHILD IN CASE OF AN ACCIDENT OR ACUTE ILLNESS & TO ALLOW FOR POSSIBLE EMERGENCY MEDICAL AND SURGICAL CARE IN CASE OF HIS/HER DOCTOR OR I AM NOT AVAILABLE.

Parent/Guardian Signature _____

TUITION: Includes instructional materials and covers the entire academic year

Must be a steward in good standing

1st Child: \$300.00

2nd Child: \$200.00

Additional Children: Free

Tuition amount paid \$ _____ Check Cash