

# 2018 / 2019 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 \_\_\_\_\_ (\$150)

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- 6:30pm      **Fri.** 4:15- 6:30 pm      **Sat.** 10:15-12:30 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 # \_\_\_\_\_