

# 2009/2010 GREEK SCHOOL REGISTRATION

Greek Language Afternoon Classes - Sponsored by St. Spyridon Greek Orthodox Church  
at St. Spyridon Greek Orthodox Church - 3655 Park Blvd., San Diego, CA 92103

Fall Semester \_\_\_\_\_

Spring Semester \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Residence: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

**First Child** \_\_\_\_\_ Date of Birth \_\_\_\_\_ (\$150/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 \_\_\_\_\_ (\$150/SEM)

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 # \_\_\_\_\_

**For more information, please call Helen Gevas 619-282-3160 or  
the Church Office 619-297-4165**