



HELLENIC SCHOOL
of St. Nicholas Greek Orthodox Church, San Jose, CA

REGISTRATION FORM

1) STUDENT'S NAME.....
 Name in Greek..... BIRTHDATE.....

2) STUDENT'S NAME.....
 Name in Greek..... BIRTHDATE.....

3) STUDENT'S NAME.....
 Name in Greek..... BIRTHDATE.....

4) STUDENT'S NAME.....
 Name in Greek..... BIRTHDATE.....

please check here if address is different than last year

FATHER'S / GUARDIAN NAME _____

MOTHER'S / GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL CONTACT (print clearly!) _____

(Much of our communication is now via e-mail. If you prefer regular mail please check here:)

In case of an emergency and there is no one available at the home or work numbers, please list another contact person:..... phone..... relation.....

In the event of an urgent condition, emergency personnel will be called. Does any student listed above have any medical condition? Please list:.....

PARENT'S SIGNATURE _____ DATE _____