



**ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΑΓΙΑΣ ΤΡΙΑΔΑΣ
HOLY TRINITY GREEK LANGUAGE & CULTURE SCHOOL
REGISTRATION FORM**

Student's First and Last Name: _____
 Student's First and Last Name in Greek: _____
 Allergies: _____
 Student's age: _____ Date of Birth: _____ Name Day: _____
 Student's grade in school for 2016-2017 school year: _____

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 Student's First and Last Name in Greek: _____
 Allergies: _____
 Student's age: _____ Date of Birth: _____ Name Day: _____
 Student's grade in school for 2016-2017 school year: _____

Parent's Names: _____
 Address: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____
 Parent's E-mail Address: _____

EMERGENCY CONTACT (If parents not available)
 Name: _____
 Relationship: _____ Home/Cell#: _____

MEDIA RELEASE

_____ I hereby authorize Holy Trinity Greek School to photograph or videotape my child/children throughout the school year and during program functions. I understand that such photos and recordings may be used for public relations and to promote Holy Trinity Greek School through email, the website, Facebook, flyers, Church publications, and similar.

_____ I do not want my child/children photographed or videotaped.

Parent/Guardian

Signature _____ Date _____

Payment Information:

\$350 for first child Tuition includes a \$40 non-refundable book fee and the cultural program.

Note: There is a 20% discount for the 2nd child and 10% more for the 3rd child.

Cultural Program \$30 per year/ per child \$50 per year/ family non-refundable or family discount

Make checks payable to Holy Trinity Greek Orthodox Church, please write "Greek School" in Memo section

Non-sufficient funds will be charged a \$25.00 fee per check.

Please complete and sign this Form and **Fax, Email, Mail** or **Drop off at Church Office**

Fax Number: (602) 230-9099 **Attn.** Greek School Registration **Email:** airinie@gmail.com

Subject: Greek School Registration **Mailing Address:** Holy Trinity Greek Orthodox Cathedral
 1973 E. Maryland Avenue Phoenix, Arizona 85016 **Attn:** Greek School Program

Please mark payment plan: _____ In Full _____ Per Semester
 Amount Paid: _____ Date Paid: _____
 Form of Payment: _____ Check _____ Cash _____ Check Number: _____.

Culture Program only _____
 Form of Payment: _____ Check _____ Cash _____ Check Number: _____.