St. Nicholas Greek School Registration Form 2019-2020

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| Family Name: | | | |
| Parent/Guardian First Names: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Home number: | | Work number: | |
| Email address: | | | |
| Mother’s Cell #: | | Father’s Cell #: | |

|  |  |  |
| --- | --- | --- |
| **Student Information:** |  |  |
| First Student |  |  |
| Name: |  |  |
| Date of Birth: | Age: |  |
| Grade in regular school: |  |  |
| Any previous Greek language experience? Yes/No | Yrs. | Beginner/Intermediate/Advanced |
| Allergies: Yes/No | Type: | |
|  |  |  |
| Second Student |  |  |
| Name: |  |  |
| Date of Birth: | Age: |  |
| Grade in regular school: |  |  |
| Any previous Greek language experience? Yes/No | Yrs. | Beginner/Intermediate/Advanced |
| Allergies: | Type: | |
|  |  |  |
| Third Student |  |  |
| Name: |  |  |
| Date of Birth: | Age: |  |
| Grade in regular school: |  |  |
| Any previous Greek language experience? Yes/No | Yrs. | Beginner/Intermediate/Advanced |
| Allergies: Yes/No | Type: | |

Greek School Fees: 1 child- $250.00; 2 children- $400.00; 3 children-$550.00

Please make checks payable to St. Nicholas GOC and return to the Church Office at

621 First Colonial Road, Virginia Beach, VA 23451