



**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 2017-2018 school year: _____

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 2017-2018 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:

\$375 for first child Tuition includes a \$40 non-refundable book fee and \$ 25 cultural program.

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

Cultural Program \$50 per year/ per child \$75 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: _____