

ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΚΑΘΕΔΡΙΚΟΥ ΝΑΟΥ ΒΟΣΤΩΝΗΣ

ANNUNCIATION CATHEDRAL GREEK SCHOOL

REGISTRATION FORM FOR ACADEMIC YEAR 20__ – 20__

STUDENT INFORMATION

Student's Name: (First) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____ (Last year in Greek School)

Home Telephone: _____ Family e-mail address: _____

PARENT/ GUARDIAN EMERGENCY INFORMATION

Father's Name: _____ Father's Home Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Mother's Name: _____ Mother's Home Phone: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____ Relationship to Student: _____

Emergency Phone (day): _____ (evening): _____

Home Parish: _____ City & State _____

HEALTH INFORMATION

<i>Allergies</i>	<i>Describe reaction and management of the reaction</i>
<i>Medication:</i>	
<i>Food:</i>	
<i>Other Allergies (include insect stings, hay fever, asthma, etc.)</i>	

Other Information: _____

Note: If you prefer not to have pictures of the student in Cathedral publications please check mark the box .

Signature of Parent or Guardian: _____ Date: _____

Please give/mail the completed form to the School Director or to the Cathedral Office at 162 Goddard Ave, Brookline, MA 02445.