

**GREEK LANGUAGE SCHOOL
SS. CONSTANTINE & HELEN GREEK ORTHODOX CHURCH
2747 RIVA ROAD
ANNAPOLIS, MD 21401
(410) 573-2072, Email - office@schgochurch.org or correspondence@schgochurch.org
FAX (410)-573-2076**

REGISTRATION FORM

This form must be **returned by September 16, 2019**

Please enroll me or my child/children in the Ss. Constantine and Helen Greek School Program.

ELEMENTARY STUDENT'S NAME: _____
AGE _____ **GRADE IN PUBLIC SCHOOL** _____

Is he/she a new student in SS. Constantine & Helen Greek School Program? ___ Yes ___ No

ELEMENTARY STUDENTS:

Enclosed please find \$ _____ for Tuition Fee (\$250.00 per child, includes one book and one workbook. Tapes will be paid by the student)

Parish obligation of (\$ 750.00) **must be paid prior to registration** Parent Signature

Parent's Name: (Please Print) _____

Address: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Email) _____

In case of emergency and in the event that neither parent can be reached, whom may we call?

NAME: _____ PHONE _____

RELATION TO CHILD _____

Allergies: Yes _____ Please specify _____ No _____

ADULT STUDENT'S NAME: _____

ADDRESS: _____ **ZIP CODE** _____

TELEPHONE: (HOME) _____ **(WORK)** _____

EMAIL _____

ADULT STUDENT TUITION FEE (\$450.00 Per Semester, book, workbook and tapes will be paid by the student)

First Semester\$ _____ Second Semester\$ _____