

St. Anna Greek School Registration 2024-2025

STUDENT NAME
Last, First Birth Date
Last, First Birth Date
Last, First Birth Date
PARENT/GUARDIAN
Last, First
Last, First
ADDRESS
PHONE NUMBER: HOME
WORK
EMAIL
EMERGENCY CONTACT:
NAME
PHONE DOCTOR'S NAME
PHONE
Please list all MEDICAL CONDITIONS & MEDICATIONS your child's teacher should be made aware of: (e.g., diabetes, epilepsy, allergies, etc.)

Are you a Steward of the Saint Anna Church? No

NTASE TOR

NA GREEK SCHOOL TO SAN ACCIDENT OR ACU	CALL AN AMI UTE ILLNESS, AND SURGICAI	BULA AND L CAI	ZE THE STAFF OF <i>THE S</i> ANCE FOR MY CHILD IN TO ALLOW FOR POSSII RE, IN CASE HIS/HER DO
ARENT/GUARDIAN S	IGNATURE:		
			Date
donation fee per stude	nurch volunteer ent for the entire	rs), bu	ut we ask parents for a \$. ool year to cover expense
<u>Upper School Tuition</u> First child	\$450		ard/ Non-Steward \$650
Second child	\$350	/	\$650
Third child	\$150		
Tuition covers the entire \$40 per student. <i>Please</i>			t we ask for a book fee o e to:
St 2	Anna Greek Or 85 Voorhees C Flemington, Memo: Gree	Corne NJ (er Road 98822
First day o	f Greek Sch	ool i	is SEPT. 23, 2024

REGISTRATION IS DUE BY SEPTEMBER 15, 2024

Payment plan available upon request

TUITION/DONATION AMOUNT:	ck#
--------------------------	-----