

Annunciation Greek School
319 South 20th Street Easton, Pa 18042

GREEK SCHOOL REGISTRATION

Student(s) Information PLEASE PRINT CLEARLY

Last Name	First Name	Grade	Date of Birth	Age

Parent Information Father's Full Name:

Mother's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ email address: _____

Emergency Contact Numbers

Father's Cell Phone Number	Father's Work Phone Number	Mother's Cell Phone Number	Mother's Work Number

Please list two emergency contact numbers in case parents cannot be reached:

Full Name	Phone Number

Photo Release: Permission to PUBLISH photos, on Church social media and website. YES__ NO__

Parent Signature _____ Date _____

FOR OFFICE USE ONLY Total Tuition Due: _____ Total Paid: _____

Date Paid _____ Method of Payment: _____ Sch