St. George Church School Family Registration 2025-2026



Family Name:						CLIFTOIL HJ		
Address:								
City/State:Zip Code:								
Parent's Names:								
Mother's Email: Mother's Cell:								
Father's Email:	father's Email: Father's Cell:							
Email to use for Chui	rch School Correspo	ndence: N	Nother Father	□ Both □				
Student's Full Name (lis	t all)	Baptized Orthodo x Yes/No	Baptismal Name	Date of Birth	Age	Grade in School		
	* Only those child	dren baptize	ed in the Orthodox Faith ca	an receive Holy Comm	union.			
Studer Name(s)		ded for gra	ergarten - must attend K edes 7 through 12 <i>(parel</i> E	nts are always copied Email	l on studen	t emails)		
Does your child have	any allergies? Yes	s 🗌 No	o If yes, please lis	st:				
Does your child have	any special needs th	nat we sho	uld be aware of? Yes	□ No □ If	yes, pleas	se explain:		
Our school is made up discuss details of specif			to try and accommodate enecessary.	every student. Please	see a direc	tor to privately		
Would you be interes	ted in assisting with	Sunday So	chool: Yes \square No	☐ Maybe, Tell N	Me More			
			earning more about the				****	
			GOYA (grades 7-12) _					
******			sistration Fee - \$40.00		****	******	****	
	Date Paid:		Check #:	Cash:				
	may be times when my	y child's ph	oto, taken within the cont book page of St. George.	ext of a Church/Sund	lay School	pictures.		