

ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΑΓΙΟΣ ΒΑΣΙΛΕΙΟΣ
St. Vasilios Greek School
2017-2018 Registration Form

Office Use Only
Assigned Class:
Assigned Teacher:
Payment Info:
#Of Siblings in Program:

Student's Last Name _____ First Name _____ Birthday ___/___/___

Last Name in Greek _____ First Name in Greek _____

Address _____ City & Zip _____

Mother's Name _____ Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Grade in American School _____

Last Grade in Greek School _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Insurance Carrier _____

Please list ALL medical conditions your child's teacher should be made aware of (e.g. diabetes, epilepsy, allergies, hyperactivity, learning disability, heart conditions etc.) Also, please list all medications your child is currently taking and for what condition. _____

WAIVER OF RESPONSIBILITY- I AUTHORIZE THE STAFF OF THE ST. VASILIOS GREEK SCHOOL TO CALL AN AMBULANCE FOR MY CHILD IN CASE OF AN ACCIDENT OR ACUTE ILLNESS & TO ALLOW FOR POSSIBLE EMERGENCY MEDICAL AND SURGICAL CARE IN CASE OF HIS/HER DOCTOR OR I AM NOT AVAILABLE

Parent/Guardian Signature _____

<u>Tuition for the 2017-2018 School Year</u>			
Tuition for St. Vasilios members in good standing:		Tuition for non-member of a parish:	
Intro:	\$125 per student	Intro	\$300 per student
Pre-K-6 th grade:	\$300 per student	Pre-K-6 th grade	\$500 per student
	\$500 maximum per family		\$850 maximum per family
Tuition for members in good standing at another parish:			
Intro	\$175 per student		
PreK-6 th grade:	\$350 per student		
	\$550 maximum per family		
<i>Must provide documentation of good standing to the church office</i>			
Book Fee \$30 _____ Tuition amount paid \$ _____ Check Cash			
Circle Grade for Book PreK K 1 2 3 4 5 6 No Book for Introductory			

