

**ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΚΑΘΕΔΡΙΚΟΥ ΝΑΟΥ ΒΟΣΤΩΝΗΣ**  
**ANNUNCIATION CATHEDRAL GREEK SCHOOL**  
**REGISTRATION FORM FOR ACADEMIC YEAR 2016 – 2017**

**STUDENT INFORMATION**

Student's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (Last year in Greek School)

Home Telephone: \_\_\_\_\_ Family e-mail address: \_\_\_\_\_

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**PARENT/ GUARDIAN EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Cathedral Stewards: YES ( ) NO ( )

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**HEALTH INFORMATION**

<b>Allergies</b>	<b>Describe reaction and management of the reaction</b>
<b>Medication:</b>	
<b>Food:</b>	
<b>Other Allergies</b> (include insect stings, hay fever, asthma, etc.)	

Other Information: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or email the completed form to the: Annunciation Greek Orthodox Cathedral,  
**Attn: Anastasia Moragianni, 162 Goddard Ave, Brookline, MA 02445 or**  
at: [anastasia.cathedral@comcast.net](mailto:anastasia.cathedral@comcast.net)