



ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΚΑΘΕΔΡΙΚΟΥ ΝΑΟΥ ΒΟΣΤΩΝΗΣ

ANNUNCIATION CATHEDRAL GREEK SCHOOL

PRE-REGISTRATION FORM FOR ACADEMIC YEAR 2017 – 2018

STUDENT/S INFORMATION

Student's Name: (First) _____ (Last) _____

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

Student's Name: (First) _____ (Last) _____

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

Student's Name: (First) _____ (Last) _____

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

Address: _____

City: _____ State: _____ Zip: _____

PARENT/ GUARDIAN EMERGENCY INFORMATION

Father's Name: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Cell Phone: _____

Cathedral Stewards: YES () NO ()

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*

anastasia.cathedral@comcast.net