



SAINT NICHOLAS GREEK ORTHODOX CHURCH

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Saint Nicholas Greek School REGISTRATION FORM FOR 2009 – 2010 www.stnickaa.org

NAME: _____
LAST FIRST MIDDLE BAPTISMAL NAME

ADDRESS: _____
HOUSE NO. STREET CITY ZIP

PHONE: (H) _____ (CELL) _____

E-MAIL ADDRESS: _____

BIRTH DATE: _____
MONTH DAY YEAR BIRTHPLACE

PREVIOUS GREEK SCHOOL: _____
HOUSE NO. NAME CITY STATE

CHILD RESIDES WITH _____

PARENTS NAMES: _____
FATHER MOTHER

PARENTS ADDRESS: _____

FATHER'S OCCUPATION WHERE EMPLOYED WORK PHONE

MOTHER'S OCCUPATION WHERE EMPLOYED WORK PHONE

LANGUAGE SPOKEN AT HOME _____
PRIMARY SECONDARY

COMMENTS: _____

