

**Saint Nicholas Greek School
Ann Arbor, Michigan
REGISTRATION FORM FOR 2005 – 2006**

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: _____
