

ST. DEMETRIOS GREEK ORTHODOX CHURCH

Greek Afternoon School - Excellence in Greek Education since 1928

REGISTRATION FORM FOR 2024-2025 SCHOOL YEAR STUDENT INFORMATION

To register for Greek school, you must be year 2024 paid member of our Church (bring your receipt).

No.	Last Name		First Name	Grade	Date of Birth Age		Age	Discounted Tuition(*)		Regular Tuition		
#1								\$375		\$400		
#2									\$350		\$375	
#3							\$325			\$350		
(*) \$25 discount is offered for each student for early registration (before June 30, 2024). PARENT/GUARDIAN INFORMATION												
Last Name		First Name	Relationship		Telephone			E-mail				
I am interested in registering my child in "I Speak Greek!"												
Student #1 R			egister for "I Sp	ek!" class?)	☐ Y	es		lo	Tuition		
Student #2 R			egister for "I Sp	e k!" class?	$k!$ "class? $\square Y$			□No		Tuition		
Student #3 R			egister for "I Speak Greek!" class?)	□ Y	es		lo	Tuition	
Home Address					(City			Zip Code			
EMERGENCY CONTACTS - Please list two in case parents cannot be reached.												
Last Name		First Name	Relati	onship	Telephone		ne	e E-ma		-mail		
PHOTO RELEASE: Permission to publish photos on Church website/social media. YES If you are NOT opting for early registration, please check the following:												
☐ My child WILL be returning in September. ☐ Not sure if my child will be returning in September.												
☐ My child will NOT be returning in September. ☐ I am interested to register my child to "I speak Greek!".												
PARENT SIGNATURE: Date:												
FOR OFFICE USE ONLY:												
St. Demetrios Stewardship paid?			Tuition Due		Amount Paid for Tuition				Date of payment			
☐ Yes ☐ No												

721 Rahway Avenue, Union, NJ 07083

Office Telephone: 908-964-7957 E-mail:sdgreekschool@gmail.com