

3rd Student: _____ Date of Birth: _____ Age: _____
First Last

Student's Name in Greek: _____ (please write in Greek) Grade in Public School _____

New Student? Yes NO Last grade completed in any Greek Language Program _____

Does this student have any allergies or require any medications? Yes _____ No _____ Please list: _____

On a scale of 1-5 please give us information regarding your child's Greek language abilities:

Speaking _____ Reading _____ Writing _____ Comprehension _____ Comfort _____

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Release Form – PLEASE READ CAREFULLY

I hereby grant Sts. Constantine and Helen Greek Orthodox Church the right to photograph my dependent (s) and use the photo and or other digital reproduction of him/her for publication processes; whether electronic, print, digital or electronic publishing via the Internet. This does include our school directory. Yes ___ No ___

Signature _____ Date _____

I agree to waive and release Saints Constantine and Helen Greek Language School (which includes its officers, teachers, employees and volunteers) from any claims, cause of action, damages, losses, liabilities or expenses for any personal injury, property damage or death arising out of my child/children participation in any activities and events, regardless of whether personal injury, property damage or death was caused by Greek Language School personnel or otherwise. I understand that signing this waiver I am freeing the Greek Language School of Sts. Constantine and Helen Greek Orthodox Church (Cardiff-by-the-Sea, CA) from any liability resulting from child/children participation in the activities and events. I certify that I have personally read and understand the waiver.

Signature _____ Date _____

NOTES: If your child has any learning challenges, please inform your child's teacher and the Greek School Board before classes begin. We will do our best to make whatever accommodations necessary. This information will remain strictly confidential.

Greek School begins on October 1, 2022

This form must be completed and returned to the Office by: **October 1, 2022**

PLEASE DO NOT WRITE BELOW THIS LINE

	Class/Day & Time	Tuition	Books	Total
Child 1:				
Child 2:				
Child 3:				
Child 4:				
			Grand Total Due:	

Date paid: _____

Check #/Transaction#: _____