



# HOLY TRINITY GREEK SCHOOL REGISTRATION FORM 2015 - 2016

Date of Registration: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2015: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle

Student's Greek name: \_\_\_\_\_  
Last First

Student's Home Address: \_\_\_\_\_  
Number and Street Apt. # Home Phone Number  
\_\_\_\_\_  
City State Zip Code

Student's Religious Affiliation: \_\_\_\_\_ Nameday \_\_\_\_\_

Holy Trinity GO Church Steward:  Yes  No

## **Father**

## **Mother**

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business/Employer \_\_\_\_\_ Business/Employer \_\_\_\_\_

Occupation/Position \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Stepmother's Name \_\_\_\_\_

# HOLY TRINITY GREEK SCHOOL Registration Form (Continued)

Student's Name: \_\_\_\_\_

Name of individual who is providing transportation to and from Greek School, if other than parents

\_\_\_\_\_  
Name Relationship

Contact Information \_\_\_\_\_

\_\_\_\_\_  
Name Relationship

Contact Information \_\_\_\_\_

Other children in family (give names, ages, schools if in school or college)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Is Greek spoken in the home?  Yes  No

What are your expectations/goals for your child?

Please give us any additional information that would be helpful concerning your child.

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

# HOLY TRINITY GREEK SCHOOL Tuition & Charges

Student's Name: \_\_\_\_\_

## **FOR CHURCH OFFICE & SCHOOL USE ONLY**

**\$425 (1<sup>st</sup> Child) + \$375 (2<sup>nd</sup> Child) + \$300 (3<sup>rd</sup> Child)**

**Total:   \$425                      \$800                      \$1,100**

Amount paid\_\$ \_\_\_\_\_ Check Number \_\_\_\_\_ Received by: \_\_\_\_\_

Check payable to: Holy Trinity Greek School, memo field: GS Tuition.

Date \_\_\_\_\_

**\$25 PTA Dues** (per family) \_\_\_\_\_ Separate check, make payable to Holy Trinity Greek School PTA

Holy Trinity Greek School · 13555 Hillcrest · Dallas, Texas 75240