



St. Demetrios
Church School
Registration Form

STUDENT:

Name _____ **Date of Birth** _____
Address _____
City/State _____ **Zip Code** _____

PARENTS:

Mother's Name _____
Address _____
City/State _____ **Zip Code** _____
Father's Name _____
Address _____
City/State _____ **Zip Code** _____

TELEPHONE NUMBERS:

Home _____
Emergency Numbers
Name _____ **Number** _____ **Relationship** _____

GRANDPARENTS:

Maternal Grandparents _____
Address _____
Paternal Grandparents _____
Address _____

Has the Student been baptized in the Orthodox Church ___ Yes ___ No

In which Church was the student baptized _____
What is the child's Baptismal Name _____
Who is the child's Godmother/father _____
Address _____

CHILD'S AGE _____

GRADE the child is in **PUBLIC SCHOOL** _____ **GRADE**
Name of Public School _____

HEALTH PROBLEMS:

Please list any health problems of which school personnel should be aware.

DATE

PARENTAL SIGNATURE