

DORMITION OF THE VIRGIN MARY CHURCH  
Greek School Department

29 Central Street, Somerville, MA 02143  
Tel: (617) 625-2222 Fax: (617) 628-4529

**GREEK SCHOOL REGISTRATION FORM**  
**SCHOOL YEAR 2011 – 2012**

LAST NAME: \_\_\_\_\_

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Name, address and telephone number of relative or friend to be notified **in case of emergency**.

\_\_\_\_\_  
\_\_\_\_\_

Student's First Name	Age	Public School Grade	Greek School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

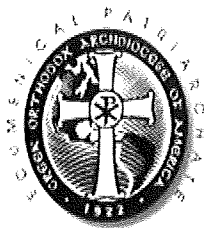
Member of the Dormition Parish Yes \_\_\_\_\_ No \_\_\_\_\_

2010 Membership Paid Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Registration \_\_\_\_\_

Signature \_\_\_\_\_

Registration Form Received By \_\_\_\_\_



DORMITION OF THE VIRGIN MARY CHURCH  
Church School Department

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## CHURCH SCHOOL STUDENT REGISTRATION FORM 2011 – 2012

Name: \_\_\_\_\_

Orthodox Baptismal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name Day: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

Emergency Telephone No.: \_\_\_\_\_

School & Grade Attending: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

\* September 2nd, 2010 – Church School Family Cookout

\* September 19th, 2010 —First Day of Church School

*For Church School Use Only*

**Suggested Donation: \$25.00**

Check/Receipt# \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_