

GREEK LANGUAGE SCHOOL
COLUMBUS, OHIO
REGISTRATION FORM



PLEASE PRINT

NAME (ENGLISH) _____

Baptismal name _____

Όνομα (Ελληνικά) _____

ADDRESS _____

Zipcode _____

Home Telephone (Τηλέφωνο) (_____) _____

Phone number where you can be reached in an emergency _____

e-mail address _____ @ _____

Birth date _____

Beginners level students MUST be five (5) years of age before September 30th of this school year. There will be no exceptions made.

Name of parent or guardian _____

Ονόματα Γονέων

Classes will begin Saturday, September 18, 2010 at 10:00 a.m.

Tuition 2010-2011

<u>MEMBER</u>		<u>NON MEMBER</u>	
One child	\$175.00	One child	\$245.00
Second Child	\$150.00	Second Child	\$215.00
Each additional child	\$125.00	Each Additional Child	\$190.00
Adult	\$175.00	Adult	\$245.00

PAYMENT

CASH \$ _____ CHECK _____ CHECK NO. _____

Date of registration ___/___/_____



The €10
New
Acropolis
Museum
commemo-
rative coin



A Greek hoplite made up the majority of the soldiers in a state's army