



**SAINT NICHOLAS GREEK ORTHODOX CHURCH
2011-12 HELLENIC SCHOOL REGISTRATION**



Student's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Birth Date: _____ Grade in School: _____

Mother's Name: _____ Father's Name: _____

Greek Language Competency: None Little spoken Spoken well Spoken excellent

Writing Level: None Very Little Good Excellent

Greek spoken in the home: Yes No Parents speak Greek: Mother Father

Computer available for Greek language instructional programs: Yes No

Emergency Contact / Phone: _____

Medical Info: _____

**All registration forms along with fees are due by September 16th.
Hellenic School will begin on September 16th.
Additional forms available at the church (910-392-4444) or by contacting
Alexandros Theodoropoulos at HellenicSchool@stnicholaswilmington.org .**

Thank you for the privilege to work with your children!