

The William Spyropoulos Greek - American Day School of St. Nicholas Greek Orthodox Church
43-15 196 St., Flushing N.Y. 11358 (718) 357-5583 Fax (718) 428-3051

Admissions Form

CHILD'S LAST NAME _____ CHILD'S FIRST NAME _____

HOME ADDRESS _____ HOME PHONE # _____

BOY _____ GIRL _____ DATE OF BIRTH: _____ PLACE OF BIRTH _____

CHILD'S SOCIAL SECURITY # _____ CHILD'S RELIGION _____ PRIMARY LANGUAGE _____

OF OLDER BROTHERS _____ # OF OLDER SISTERS _____ # OF YOUNGER BROTHERS _____ # OF YOUNGER SISTER _____

NAMES AND GRADES OF OTHER SIBLINGS ATTENDING WM. SPYROPOULOS _____

FATHER'S LAST NAME _____ FIRST _____ PLACE OF BIRTH _____

FATHER'S OCCUPATION _____ EMPLOYER _____ ADDRESS _____

FATHER'S WORK PHONE # _____ FATHER'S CELL PHONE # _____

FATHER'S EMAIL ADDRESS _____

MOTHER'S LAST NAME _____ FIRST _____ PLACE OF BIRTH _____

MOTHER'S OCCUPATION _____ EMPLOYER _____ ADDRESS _____

MOTHER'S WORK PHONE # _____ MOTHER'S CELL PHONE # _____

MOTHER'S EMAIL ADDRESS _____

IF CHILD DOES NOT LIVE WITH BOTH PARENTS, WITH WHOM DOES HE/SHE LIVE? _____ SPECIFY RELATIONSHIP _____

I, PARENT OF ABOVE STUDENT, WILL ABIDE BY THE SCHOOL RULES AND REGULATIONS AND I WILL NOTIFY THE SCHOOL OF ANY CHANGES TO ANY ITEM ON THIS FORM

CHURCH MEMBERSHIP # _____ PARENT'S SIGNATURE _____ DATE _____