



Saints Constantine & Helen Greek Orthodox Cathedral Greek School Registration

ADULT REGISTRATION FORM

INSTRUCTIONS

- Please complete one form per Adult student.
- Registration fee: \$150.00 ~~for~~ per semester, September thru December \$150.00 for January thru May
- Cathedral members? Yes No

Return completed form with check payable to GSPTA to:

Saints Constantine & Helen Greek Orthodox Cathedral
Greek School Registration
30 Malvern Avenue
Richmond, VA 23221

INFORMATION:

Student's Name: _____

Mailing Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

May we contact you by EMAIL: Yes No

EMERGENCY CONTACT

Contact Name _____ Phone: _____

Doctor Name* _____ Phone: _____

PHOTOGRAPH CONSENT & RELEASE

I consent to have myself (*name*) _____ be photographed, either individually or in groups. I also consent to the use of my photograph or likeness, to be displayed or printed on boards, yearbook, posters or our school's website. I agree to release the Church, School Board, Teachers and Volunteers from and against any and all claims, demands, actions, complaints, suits or other forms or liability that shall arise out or by reason of, or be caused by the use or my photograph, likeness in any medium.

Signature: _____ Date _____

NOTE: Please indicate here if you do not give consent: No, I do not give consent to be photographed.

FEES:

\$ _____ \$150 per semester tuition fee (September - December)

\$ _____ \$150 per semester tuition fee (January - May)

\$ _____ Total Fees

ADMINISTRATIVE USE ONLY:

DATE/AMT _____ TEACHER ASSIGNMENT _____ DIRECTORY _____ ROSTER _____