THE COMPREHENSIVE EXAMINATION IN MODERN GREEK Monday, June 18, 2012 - 9:15 a.m. - 12:15 p.m.

REGISTRATION FORM FOR INDEPENDENT STUDENTS

NAME					
ADDRES	S				
CITY		STATE	ZIP CODE		
TEL. ()				
I WOULI (Please ch	O LIKE THE REG	ENTS FINAL GF	RADE MAII	LED TO:	
	My home addre	ess as stated above			
	My school address. (Please provide the name of principal or guidance counselor.)				
	Principal/Coun	selor			
	Address				
	City		State	ZIP	
Mail the	Registration Fo	orm and Statem	ent of Into	ent by <u>May 25, 2012</u> to:	
	Direct Arche	dox Archdiocese diocesan Distrio Irs. Maria Make eet	ct Office o	f Education	

New York, NY 10075