

THE COMPREHENSIVE EXAMINATION IN MODERN GREEK
Monday, June 22, 2015 - 1:15 a.m. - 4:15 p.m.

REGISTRATION FORM FOR INDEPENDENT STUDENTS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEL. () _____

I WOULD LIKE THE *FINAL GRADE CERTIFICATE* TO BE MAILED TO:

(Please check one)

_____ My home address as stated above.

_____ My school address as indicated below.
(Please provide the name of principal or guidance counselor.)

Principal/Counselor _____

Address _____

City _____ State _____ ZIP _____

Please mail by **May 15, 2015**, the enclosed *Registration Form* and *Statement of Intent* to:

Direct Archdiocesan District Office of Education
Greek Orthodox Archdiocese of America
Attention: Mrs. Maria Makedon, Director
8 East 79th Street
New York, NY 10075