



GREEK ORTHODOX ARCHDIOCESE <sup>OF</sup> AMERICA  
DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

**TEACHER CONTACT INFORMATION FORM**  
**SCHOOL YEAR 2013 - 2014**

To be completed by: 1) **first time** teachers and 2) by the teachers who want to **add** new information to their file.

-----  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please, list the schools you are presently serving:

School(s):	(Place a checkmark)	
	Day	Afternoon
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>

School Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Kindly, fax this form to 212-774-0248 or mail to the address below.**