



GREEK ORTHODOX ARCHDIOCESE ^{OF} AMERICA
DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

TEACHER CONTACT INFORMATION FORM
SCHOOL YEAR 2014 - 2015

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.