



GREEK ORTHODOX ARCHDIOCESE OF AMERICA

DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

8 EAST 79TH STREET, NEW YORK, NY 10075-0106 - TELEPHONE: (212) 570-3552, 3- FAX (212) 774-0248
WEB: WWW.EDUCATION.GOARCH.ORG - E-MAIL: EDUCATION@GOARCH.ORG

PAROCHIAL DAY SCHOOL RECORD School Year 2016 - 2017

SCHOOL NAME:	_____
PARISH AFFILIATION:	_____
FOUNDED:	_____
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP CODE: _____
TEL.: () _____	FAX: () _____
E-MAIL: _____	WEBSITE: _____
PARISH DEAN / PROISTAMENOS:	_____
NAME OF PRINCIPAL:	_____
SCHOOL BOARD CHAIRMAN:	_____
P.T.O. PRESIDENT:	_____

PLEASE COMPLETE THE FOLLOWING:

1) PAROCHIAL DAY SCHOOL ENROLLMENT (ONLY)

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> Nursery | _____ | <input type="checkbox"/> 6 th Grade | _____ |
| <input type="checkbox"/> Pre-K | _____ | <input type="checkbox"/> 7 th Grade | _____ |
| <input type="checkbox"/> Kindergarten | _____ | <input type="checkbox"/> 8 th Grade | _____ |
| <input type="checkbox"/> 1 st Grade | _____ | <input type="checkbox"/> 9 th Grade | _____ |
| <input type="checkbox"/> 2 nd Grade | _____ | <input type="checkbox"/> 10 th Grade | _____ |
| <input type="checkbox"/> 3 rd Grade | _____ | <input type="checkbox"/> 11 th Grade | _____ |
| <input type="checkbox"/> 4 th Grade | _____ | <input type="checkbox"/> 12 th Grade | _____ |
| <input type="checkbox"/> 5 th Grade | _____ | | |

Total: _____

2) UNIVERSAL PRE - K ENROLLMENT (ONLY): _____



TIME ALLOTTED FOR GREEK STUDIES

<u>Subject</u>	<u>Periods/Minutes per day</u>	<u>No. of days per week</u>
Greek Language	_____	_____
History & Culture	_____	_____
Greek Dances & Drama	_____	_____

Greek Textbooks Used: _____

ANNUAL TUITION PER STUDENT:

(1st child) \$ _____ (2nd child) \$ _____ (3rd child) \$ _____

TEACHERS OF GREEK STUDIES PROGRAM

<u>Name</u>	<u>Degree(s)</u>	<u>Weekly Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* (Please, attach a separate sheet for additional teachers.)

Teachers Appointed By The Greek Government

<u>Name</u>	<u>Degree(s)</u>	<u>Weekly Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

Kindly, return this original form to:
Direct Archdiocesan District Office of Education
8 East 79th Street
New York, NY 10075