



GREEK ORTHODOX ARCHDIOCESE OF AMERICA  
DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

**TEACHER CONTACT INFORMATION FORM**  
**SCHOOL YEAR 2016 - 2017**

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

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

Please, list the schools you are currently 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 it to the address below.**