



GREEK ORTHODOX ARCHDIOCESE OF AMERICA
DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

TEACHER CONTACT INFORMATION FORM
SCHOOL YEAR 2018 - 2019

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 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.