

**Dr. Basil E. Steven Greek School
Of
St. Andrew Greek Orthodox Church
Student Information**

School Year _____

Student's Last Name _____ Greek Last Name _____

First Name _____ Greek/Baptismal First Name _____

Birthdate _____ Age _____ Grade _____ Public/Private Day School _____

Home Address _____ Home Phone _____

City _____ State _____ Zipcode _____

Father/Guardian _____ Mother/Guardian _____

Place of Employment _____ Place of Employment _____

Address _____ Address _____

Phone _____ Phone _____

Beeper/Cell Phone _____ Beeper/Cell Phone _____

If Parents Cannot Be Reached, Call The Following:

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zipcode _____ Work Phone _____

Parent permission for the following person(s) to pick up child:

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

Medical Information:

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Does this child have any:

Allergies _____

Medical Problems _____

Medication _____