

Greek School Registration Form

Name: _____ Age (if under 18): _____

Address: _____

Telephone(s): _____

E-mail: _____

Indicate below the class you wish to attend:

Beginner Children (ages 5 to 7) _____

Elementary (elementary school with some preparation in Greek) _____

Youth/Adult Beginner (middle and high school children and adults with no knowledge of Greek) _____

Youth/Adult Intermediate (middle and high school children and adults with some preparation in Greek) _____

Youth/Adult Advanced (middle and high school children and adults with working knowledge of Greek) _____

Please explain your current knowledge of Greek: _____

Mail to:

Marios Sophocleous
1029 Holiday Dr
Lawrence, KS 66049-3008

Information inquiries:

For elementary school children questions call:
Angela Arvanitakis at 913-681-3173 or email at: angela815@gmail.com
For other Greek school questions call:
Marios Sophocleous at 785-842-3995 or
e-mail at: msophocleous1@gmail.com