St. Sarkis Armenian Apostolic Church of Charlotte
Armenian School Registration Form

Please fill out one for each child/student

Student's first name: _____ Last name: _____

Birthday: _____ Age: _____

Parents' first names: _____ Last name: _____

Home address: _____City: _____ State: _____ Zip: _____

E-mail: _____ Telephone #:_____

Baptized?: Yes/No other:_____ Church name and place of Baptism: _____

Emergency contact person: _____ Cell: _____

Relationship: _____

Are there any **medical conditions including allergies** you would like to share with us for precaution?

Please note: _____

A symbolic tuition fee of $300 is collected for each student (special discounts are available for a family with more than one student enrolled) per academic year. Cash, checks and/or cards are acceptable.

Checks can be made payable to **St. Sarkis Armenian Church**, please indicate on the memo line "**Armenian School**" .

If you have any questions, concerns regarding tuition please contact **Mariam Saribekyan** at **401-714-6327** or **im_mariamin@yahoo.com**.

Parent/Legal Guardian's signature:_____ Date:_____

Permission for Use of Image

St. Sarkis Armenian School has a social media page and we would like to post pictures/videos of our students with your permission. Please fill out below:

I, as parent/legal guardian of _____, **do /do not** (circle one) give permission to the Armenian School of St. Sarkis church of Charlotte to use the image of my child on the school social media channels.

_____Date: _____

Parent / Legal Guardian's name and signature: