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# GREEK SCHOOL REGISTRATION FORM

## HOLY TRINITY CATHEDRAL

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New Orleans, Louisiana

**Begins Mid-January – Details Forthcoming**

Please complete (PRINT) and return to  
Cathedral office or email to [evangeliaboyer@gmail.com](mailto:evangeliaboyer@gmail.com).

**WE LOOK FORWARD TO SEEING YOU!**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Child's Name	Grade	Child's Baptismal Name	Date of Birth	Child's Email, if applicable

**COMMENTS or SPECIAL CONCERNS—Allergies, etc.:** \_\_\_\_\_

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