ՍՈՒՐԲ ԱՍՏՎԱԾԱԾԻՆ ՀՑՑ. ԵԿԵՂԵՑԻ ՇՆՈՐՀԱԼԻ ԴՊՐՈՑ ՏԷՐ ՑՈՎՍԷՓ ՔՀՆՑ. ԿԱՐԱՊԵՏԵԱՆ, ՀՈՎԻՒ



ST. MARY ARMENIAN CHURCH SHNORHALI ARMENIAN SCHOOL REV. FR. HOVSEP KARAPETYAN, PASTOR

4125 Fessenden Street NW, Washington, DC 20016 Email: shnorhalischool@gmail.com 202.363.1923 / www.stmaryaac.org

STUDENT REGISTRATION ACADEMIC RECORD

PLEASE USE ONE FORM PER STUDENT				Date:	
☐ Returning Stude	ent		New Student		
First name of STUDENT		Last Name			
Date of Birth (MM/DD/Y	YYYY)	Place	of Birth	Age (as of September	1st)
Name of Parents: MOTH	IER:		FATHER		
Street address					
City	State	e		Zip	
()	()		()	
Phone - Home	Wor	·k		Cell	
Email					
Language(s) spoken at he	ome:				
□Western Armenian	□Eastern Armenian	□ Eng	glish 🗆 O	ther (Specify)	<u>-</u>
Person to contact in cas	se of emergency (other t	than paren	nts)		
		_			
Name		(Phone	;	Relationship	to student
Please indicate if you are	e willing to help with any	of the foll	owing activities:		
☐ Lunch ☐Class	sroom assistant \Bullet St	ubstitute tea	acher \Box Ev	vents (Hantess, etc.)	
REGISTRATION FEE	AND TUITION FOR EA	CH STUD	ENT:		
REGISTRATION FEE	:	\$100			
TUITION: (See note 1)					
Nursery (Min. 3 years old)		\$150			
Armenian Language classes (K – 8)		\$250			
N				Total: \$	
Note: 1. Tuition discount (10)	%) applies for registering	ng each add	litional child in a	family	

Please Make Check Payable To: And Mail Check To: