

**Saints Sahag & Mesrob Armenian School
Registration Form**

Students First Name: _____ Last Name: _____

Birthday: _____ Age: _____

Parent's First Names: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Telephone No. Home: _____ Cell: _____

Emergency Contact Name: _____ Cell: _____
Relationship: _____

Allergies: _____

If there are any medical conditions we need to know about your child, please explain:

Student's Name:	1.	2.	3.
Birthday & Age			
Allergies & Medical Condition etc...			

Sts. Sahag & Mesrob Armenian School has a social media page for school purpose and we would like to post pictures/videos, would like your permission.

I, _____, give permission
for _____, picture/video to be used on
Sts. Sahag & Mesrob Armenian School social media.

I, _____, do not give permission
for _____ picture/video to be used on
Sts. Sahag & Mesrob Armenian School social media.

Required Signature

Date: _____

Parents or Guardian Signature: _____

Date: _____

Print Parents or Guardians Name: _____

Total Tuition Enclosed: \$ _____

Send to: Sts. Sahag & Mesrob Armenian School
70 Jefferson Street, Providence, RI 02908
Att: Armenian School