



Armenians of Colorado
Armenian School Registration
2017-2018

Student Information:

Name: _____ Age: _____

Current School Grade: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Email Address: _____

Parent Information:

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Cell No.: _____ Mother's Email Address: _____

Father's Cell No.: _____ Father's Email Address: _____

In Case of Emergency, please contact:

Mother Father Other

Name: _____

Relationship: _____

Contact No.: _____

Language Skills:

Knows ABC's Fluent Limited None Other: _____

Reading Fluent Limited None Other: _____

Writing Fluent Limited None Other: _____

Notes: _____

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Parents... Get Involved! Parental involvement is vital to the success of our school. Please indicate 1 or more areas you are interested in assisting with: _____ Snacks _____ Special Events _____ Projects
_____ Curriculum/Classroom _____ Fundraising.

We are always looking for donations of any kind. Please list any items/services that you have access to and may be willing to donate at some time to our Armenian School.

Please note that photos taken of students are the sole property of Armenians of Colorado and may be used for publicity and other purposes.