



ST. ALEXANDER NEVSKY  
ORTHODOX CATHEDRAL

## Church School Registration Form

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

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

Father's Cell Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Student Information

*\*Submitting student's email and/or cell phone indicates approval to contact student directly for Church School and Jr. FOCA purposes.*

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any medical conditions or other issues (shyness, learning disabilities, etc.) which the teacher should be aware of? If yes, please specify: **(This will be kept confidential.)**

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# Parent/Guardian Release Form

We, as a parish, want to celebrate our children's work and events; however, we will not release photos or personally identifiable information without written consent of the Parent/Guardian.

Student's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

I, the parent/guardian of the above-named student(s), grant permission as indicated below for use of photographs and personally identifiable information of the above-named student(s).

If you, as the parent/guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Rector. Such rescission will take effect upon receipt by the Rector.

## Check one of the following choices:

I GRANT permission for a **photo/image and name** that includes the above-named student(s) to be published in the Parish Messenger of St. Alexander Nevsky Cathedral, on the St. Alexander Nevsky internet site, on the St. Alexander Nevsky Facebook site, and in other written media promoting St. Alexander Nevsky Cathedral.

I GRANT permission for a **photo/image** that includes the above-named student(s) without any personal identifiers to be published in the Parish Messenger of St. Alexander Nevsky Cathedral, on the St. Alexander Nevsky internet site, on the St. Alexander Nevsky Facebook site, and in other written media promoting St. Alexander Nevsky Cathedral.

I DO NOT GRANT permission for a photo/image and name that includes the above-named student(s) to be published in the Parish Messenger of St. Alexander Nevsky Cathedral, on the St. Alexander Nevsky internet site, on the St. Alexander Nevsky Facebook site, and in other written media promoting St. Alexander Nevsky Cathedral.

Name of Parent/Guardian (Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_ Date: \_\_\_\_\_