



GREEK ORTHODOX METROPOLIS OF BOSTON

ΙΕΡΑ ΜΗΤΡΟΠΟΛΙΣ ΒΟΣΤΩΝΗΣ

Greek School Statistical Data Collection

Information Sheet

Parish: _____ Phone: _____

School Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Director's Name: _____ Phone: _____

Email: _____

Class Schedule (Days & Time): _____

Grades: _____ Total Number of Students: _____

Teachers' a) Name, b) Home Address, c) Email Address, d) Home Phone Number:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Please add additional names on the back of this form.

Please Return ASAP to:

**Rev. Vassilios Bebis; Metropolis of Boston Greek Education Department
162 Goddard Avenue; Brookline, MA 02445**