



# HELLENIC AMERICAN ACADEMY

*Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago*

## SOCRATES HELLENIC AMERICAN DAY SCHOOL

# 2011-2012 REGISTRATION PACK FORM 1 - CONTACT INFORMATION

OFFICE USE ONLY
Date & Time Rec'd.: _____
Payment Rec'd.: \$ _____
<input type="checkbox"/> Cash / <input type="checkbox"/> Check # _____
<input type="checkbox"/> C/card App # _____
Receipt # _____
*Registration Fees: \$250 per student (non-refundable, non-transferable)

### STUDENT INFORMATION

STUDENT'S LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE

K- 8 ENTERING GRADE: \_\_\_\_\_

--OR--

PRESCHOOL ENTERING GRADE: \_\_\_\_\_ (e.g., PreK 3 or PreK 4)

on DAYS: \_\_\_\_\_ and HOURS: \_\_\_\_\_

*3Y Program or 4Y Program: 5 days or 3 days (M,W, F)  
Young 3 Program (M,W,F) 3 days, 2 days or 1 day*

*EXTENDED (9 a.m. -3:15 p.m.) or SHORT (9 a.m. - 1 p.m.)*

### FAMILY INFORMATION

CHILD RESIDES WITH:  Both Parents  Mother  Father  Other \_\_\_\_\_

CORRESPONDENCE/BILLING TO BE SENT TO:  Both Parents  Mother  Father

If parents are divorced which parent has legal custody & educational rights? \_\_\_\_\_  
(Proof of guardianship may be requested)

### MOTHER OR GUARDIAN INFORMATION

### FATHER OR GUARDIAN INFORMATION

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLEASE PRINT

PLEASE PRINT

### SIBLINGS

NAME	AGE	CURRENT SCHOOL (IF APPLICABLE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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### 2011-2012 REGISTRATION PACK

#### FORM 2 – PERMISSIONS & BILLING

#### GENERAL PERMISSION

I/we give our child permission to attend the Socrates Hellenic American Day School (*the "School"*). By signing below, I/we acknowledge full receipt and acceptance of the School's current Tuition & Fee Schedule. I/we agree to be responsible for the timely payment of such tuition and fees pursuant to the terms and conditions of same.

I/we also consent to our child's participation in all School programs and activities (*including before & after school activities*) unless we specifically advise the School otherwise in writing. I/we fully waive and release the Hellenic American Academy, the School, its administrators, teachers and employees, the School Board and any other related entities as well as the officers, directors, representatives, agents and volunteers of each, from any and all liability, damages or responsibility, except for liability arising from gross negligence or fraud, which may arise on the School premises or as a result of our child's participation in any School activities or programs.

By signing below, I/we confirm that I/we have full authority to make the authorizations granted here and that no other party's permission is required. I/we also confirm that I/we have notified the school in writing of any special issues or needs my child has and have discussed those issues or needs with the administrators.

I/we understand it is our responsibility to notify the School if my child's records need to be updated with any important information especially emergency information. In the event that neither I, nor my spouse, or specified guardian/emergency contact can be reached in an emergency, I/we give permission to call a doctor or arrange emergency transportation and treatment at the nearest hospital, if such treatment seems indicated.

Without limiting the above, I/we specifically authorize the activities or uses marked as "YES" below:

#### ➤ STUDENT DIRECTORY

I/we give permission for my child's name, parents' names, address and home or cell phone number to be published in the Hellenic American Academy's Student Directory.  Yes  No

*(Please indicate the permitted information from the options below)*

Family Name  Child's Name & Grade  Home Address  Home Phone  Cell Phone

#### ➤ PUBLIC RELATIONS/PRESS RELEASES/INTERNET

❖ I/we authorize my child's name and likeness (whether photographed, videotaped or sound-recorded) to be used in print, on the School website or in any other media provided the purpose of such use is to recognize an achievement of my child or for the promotion or benefit of the School or Academy.

Yes  No

❖ I/we authorize my child to use the School computers and access the Internet subject to the HAA Computer Use & Internet Policy which I have read and discussed with my child as appropriate.

Yes  No

*(See reverse side for further information)*

*Page 1 of 2*

**SELECTION OF FINANCIAL INCENTIVES & BILLING OPTIONS**

**FINANCIAL INCENTIVES**

I/we have read the Financial Incentives handout detailing eligibility requirements and deadlines and would like to participate as follows: *(Please check ONE if applicable)*

- One \$2,500 1<sup>st</sup>, 4<sup>th</sup> or 6<sup>th</sup> Grade Scholarship Credit, *or*
- \$11,000 Large Family Tuition & Regular Fee Cap.

**GOLDEN APPLE FUND**

YES. I want to make a charitable donation to the Golden Apple Fund, a fund dedicated solely to raising money to cover teacher salaries and help us keep great teachers at our school. Please deduct the following amounts from my financial incentive or, if none applies, please add the indicated amount to my account. *(Please check ONE)*

- \$100                       \$500                       \$1,500                       No thanks.
- \$250                       \$1,000                       \$2,500

**BILLING OPTIONS**

I have read the 2011-12 Tuition & Fees Schedule and the HAA Tuition Collection Policy and understand my financial obligations. I wish to be billed and pay tuition as follows: *(Please check ONE)*

- STANDARD - 2 payments due September and January
- \*MONTHLY -9 payments due from Sept. 2011 thru May 2012  
*\*Note \$100 administrative surcharge*

\_\_\_\_\_

*Mother or Guardian Signature                      Date                      Father or Guardian Signature                      Date*