



# HELLENIC AMERICAN ACADEMY

## HELLENIC EVENING SCHOOL

### 2011-2012 REGISTRATION FORM

#### FOR OFFICE USE ONLY

Reg. Date: \_\_\_\_/\_\_\_\_/2011

Student Total Fees & Tuition Due: \$ \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Cash  C/Card Approval #: \_\_\_\_\_

Ck #: \_\_\_\_\_ Rcpt #: \_\_\_\_\_

2010-2011 GRADE/LEVEL: \_\_\_\_\_

2011-2012 GRADE: \_\_\_\_\_ LEVEL (TBA): \_\_\_\_\_

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

STUDENT'S FIRST NAME: \_\_\_\_\_

FORMAL GREEK FIRST & LAST NAME (PRINT IN GREEK): \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_  
Street City/State/Zip

STUDENT'S HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### Family Information

Child Resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother

Correspondence/Billing mailed to: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother

*Correspondences & Billing will be sent to Student's address, unless requested differently by placing check-mark here:*



#### Parent 1

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### Parent 2

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### Emergency Contact *(in the event the parents cannot be reached)*

Name & Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

**Student Directory** I give permission for my child's name, parents' names, address and home phone number to be published in the Hellenic American Academy's Student Directory: **(please circle) yes no**

#### Public Relations/Press Releases I authorize: *(please place check-mark)*

\_\_\_\_\_ my child be photographed, videotaped or sound recorded in educational activities or school-participating programs for the benefit of the Academy

\_\_\_\_\_ the release of my child's name to the press for his/her achievements

\_\_\_\_\_ my child to be included on the HAA website. www.HellenicAmericanAcademy.org

#### Special Conditions Does your child have any medical, learning, or behavioral conditions of which our staff should be aware of?

*(Please circle) yes no* If yes, please note below.

\_\_\_\_\_  
\_\_\_\_\_

*Note: Staff is not authorized to administer medicine or provide medical related services.*

Notes/Concerns: \_\_\_\_\_

I give my child permission to attend the Hellenic American Academy (HAA), further, I absolve the HAA, staff, faculty, School Board, of all and any damages or responsibilities in case of illness or accident. In the event that neither I, nor my spouse, or specified emergency contact can be reached in an emergency, I give permission to call a doctor or arrange emergency transportation and treatment at the nearest hospital, if such treatment seems indicated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_