



Hellenic American Academy

Socrates Hellenic Saturday School 2010-2011 Registration Form

FOR OFFICE USE ONLY

Reg. Date: ____/____/2010 Reg. #: _____

2010-2011 Student Total Fees & Tuition Due: \$_____

Pmnt: \$_____ _____ pmnt for multiple students

Cash Cr.Card Ck # _____ Rcpt #: _____

Fees: Non-refundable Registration Fee of \$100 per student

Student's First Name: _____ Last Name: _____

Formal Greek First & Last Name (print in Greek): _____

Student's Address: _____ Student's Home Phone: _____

Date of Birth: _____ 2009-10 Grade: _____ 2010-11 Grade: _____ Level (TBA): _____

Family Information

Child Resides with: ___ Both Parents ___ Father ___ Mother

Correspondence/Billing mailed to: ___ Both Parents ___ Father ___ Mother

Correspondence & 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:** ____/____/____



Hellenic American Academy Tuition and Fee Schedule
2010-2011 School Year

Socrates Hellenic Saturday School

	Per Child		
	Grades Preschool - 6th	Grades 7th - 12th	Conversational Greek
Registration fee	100.00	100.00	100.00
Tuition	850.00	950.00	850.00
Total	950.00	1,050.00	950.00

Footnotes

Prior year tuition and fees must be paid in full before new registrations can be accepted.
The registration fee is due at the time of registration. This fee is non refundable and is not a component of tuition.
50% of tuition will be due on the first day of school and the remaining 50% will be due on January 1
Tuition will be prorated for students enrolling during the school year.
A late charge of \$25 will be assessed if tuition is not paid when due. An additional fee of \$25 will be assessed for each subsequent month tuition remains unpaid.
A \$35 fee will be assessed for all returned checks.
A credit of 50% of tuition due will be applied if a student leaves a school before January 1.
Fees do not include PTO dues.

I agree to the fees, tuition, terms and conditions stated above.

Signature

Date

Print Name