



HELLENIC AMERICAN ACADEMY

Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago

SOCRATES HELLENIC AMERICAN DAY SCHOOL

2009-2010 REGISTRATION FORM

STUDENT INFORMATION

STUDENTS LEGAL NAME: _____
(Last) (First) (Middle)

DATE OF BIRTH: _____ GENDER: MALE FEMALE
(Month/Day/Year)

ENTERING GRADE: _____ (i.e. Kindergarten thru 8th Grade)

ENTERING PRESCHOOL: _____ (i.e. PreK 3 or PreK 4)

PRESCHOOL OPTIONS (CHECK OFF YOUR OPTION - CHOOSE FROM THE TUITIONS SCHEDULE ATTACHED)

- OPTION 1 OPTION 2 OPTION 3 OPTION 4 OPTION 5
 OPTION 6 OPTION 7 OPTION 8 OPTION 9

FAMILY INFORMATION

CHILD RESIDES WITH: Both Parents Mother Father Other _____

CORRESPONDENCES/BILLING 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 check preferred e-mail contact)

OTHER INFORMATION

Remember, it is your responsibility to notify your child's school if your records need to be updates with new emergency information

Mother's Signature Date

Father's Signature Date



GENERAL PERMISSION

I give my child(ren) permission to attend the Socrates Hellenic American Day School, further; I absolve the Socrates Hellenic American Day School, the teacher, the school administrator and the School Board, of all and any damages or responsibility in case of illness or accident.

In the event that neither I, nor my spouse, or specified guardian/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.

Furthermore, I also certify that the child(ren) herein described has permission to engage in all prescribed school activities, and specifically:

➤ **STUDENT DIRECTORY**

I authorize the release of the following information to be included in the annual Hellenic American Academy Directory

- Family Name Child(ren)'s; Name(s) & Grade(s) Home Address Home Phone Cell Phone

➤ **PUBLIC RELATIONS/PRESS RELEASES**

- ❖ I authorize my child(ren) to be photographed, videotaped or sound recorded in educational activities or school programs for the benefit of the Academy Yes No
- ❖ I authorize the release of my child(ren)'s name(s) to the press for their achievements Yes No
- ❖ I authorize my child(ren) to be included on the Academy's web site. Yes No

<i>Mother's Signature</i>	<i>Date</i>	<i>Father's Signature</i>	<i>Date</i>
---------------------------	-------------	---------------------------	-------------

OFFICE USE ONLY

DATE: _____ *AMOUNT:* _____

Cash *Check #:* _____ *Credit Card App #:* _____ *Receipt #:* _____

