



HELLENIC AMERICAN ACADEMY

Affiliated with Holy Trinity Hellenic Orthodox Church of Chicago

SOCRATES HELLENIC AMERICAN DAY SCHOOL 2010-2011 REGISTRATION FORM

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: _____
(e.g., 5 days, 3 days or 2 days) (e.g., FULL (9 a.m. -3 p.m.) or HALF (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

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMAIL: _____
PLEASE PRINT

FATHER OR GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

E-MAIL: _____
PLEASE PRINT

SIBLINGS

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



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

Mother's Signature

Date

Father's Signature

Date

2010/11 FINANCIAL INCENTIVES/BILLING & PAYMENT PREFERENCES

I/we have read the Financial Incentives handout detailing eligibility requirements and deadlines and would like to participate as follows:

(Please check ONE)

- One \$500 Kindergarten Scholarship Credit, *or*
- One \$2,500 1st, 4th or 6th Grade Scholarship Credit, *or*
- \$11,000 Large Family Tuition & Regular Fee Cap, *or*
- No, thank you. Please apply the money for ongoing School needs!

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. 2010 thru May 2011
**Note \$100 administrative surcharge*

