HELLENIC AMERICAN ACADEMY
HELLENIC EVENING SCHOOL
2009-2010 REGISTRATION FORM

FOR OFFICE USE ONLY

Reg. Date: _____/_____/ 2009

Student Total Fees & Tuition Due: $ _____

Payment: $ _____

❑ Cash ❑ C/Card Approval #: _____

❑ Ck #: _____ Rcpt #: _____

2008-2009 GRADE: _____

2009-2010 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:** _____/_____/_____