

Hellenic American Academy

REGISTRATION FORM

41 Broadway St., Lowell, MA 01854
Tel(978) 453-5422 Fax (978) 970-3554
www.hellenicamericanacademy.com

Date: _____

To enter grade: _____

School Year 2011-2012

- To enter **Kindergarten** a child must be 5 years of age by August 31st
- To enter **1st grade** a child must be 6 years of age by August 31st

No child will be registered without a valid birth certificate, nor will a child be admitted to school without a valid immunization and medical record. If you are transferring from another school, school records must be submitted before your child can attend. The Hellenic American Academy does not discriminate against race, religion, or ethnic background.

Legal name of child: _____ M F
Last First Middle Circle

Transferring from: _____ / _____
Name of School School Address

If family name different from child's please give last name: _____

Home address: _____
Address City State Zip Code

Date of birth: ____ / ____ / ____ Place of birth: _____
Mo Day Year City State/Zip

Father's name: _____ Telephone #: (home) _____

Telephone # (work) _____ Cell phone #: _____

Employment: _____
Occupation Company City/State/Zip

email: _____

Mother's name: _____ Telephone #: (home) _____

Telephone # (work) _____ Cell phone #: _____

Employment: _____
Occupation Company City/State/Zip

email: _____

What is the child's legal residence? _____ Home telephone _____

Name of person other than parent who may be contacted in an emergency, should an emergency exist.

Name: _____ Telephone # _____

In the event of an accident, is permission granted to send the child to the hospital in the event the legal parent cannot be contacted?

_____ Yes _____ No

Preference of hospital in event of emergency _____

Pediatrician _____ Telephone # _____

Child's dentist _____ Telephone # _____

Younger children in family: Total _____ M _____ F

Holy Trinity Church Lowell membership? _____ YES _____ NO

***Membership dues must be paid in full by 12/31/11 or you will forfeit tuition deduction.**

Church affiliation: _____

K-8: Method of payment (See tuition payment plan) Plan A _____ Plan B _____ Plan C _____

All tuition payments must be made on or before the first of the month relative to the plan you have chosen. Payments received after the 5th of each month will incur a \$25.00 late fee. If tuition is more than 6 days in arrears and the late fee of \$25.00 is not paid with the tuition, the Hellenic American Academy may accelerate the balance of the tuition. If accelerated payment or payment is not made, the child will not be able to attend the Hellenic American Academy.

If the tuition contract is broken, we are not under any obligation to send any information regarding the academy. Children will not receive report cards, transfer papers, nor will they be allowed to participate in the 8th grade graduation until the financial obligation has been paid.

School fees must be paid at time of registration for each child registered and these fees are not refundable. There will be no tuition refund after second week of school. Refunds will be pro-rated starting at day one of the school year at a rate of 90% on the first day and reduced by 10% each school day thereafter.

I have read and understand the parameters of this agreement.

Parent's Signature: _____ Date: _____

Print: _____

Received by: _____ Date: _____

