



HELLENIC AMERICAN ACADEMY

41 Broadway Street, Lowell, MA 01854
Telephone: 978-453-5422 Fax: 978-970-3554
www.hellenicaa.org

Registration Form

Complete ONE form for each child registering.

Today's Date: ____/____/____
Month Day Year

Please record the grade your child is entering in the fall: _____

Required Registration Documentation:

- Immunization and medical record
- A valid birth certificate (new students only)
- Signed Records Release Form (new students only)

Hellenic American Academy does not discriminate against race, religion, or ethnic background.

Child's Full Legal Name: _____ M F
Last First Middle (please check)

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

Date of Birth: ____/____/____ Place of Birth: _____
Month Day Year City State ZIP Code

Child's Age: ____ Child's Telephone #: _____ Child's Religious Affiliation: _____

Home Address: _____
Street City State ZIP Code

Child's Legal Residence: _____
Street City State ZIP Code

Transferring from: _____
Name of School City State

Siblings in family:

Name: _____	Male/Female: _____	Age: _____	Grade: _____
Name: _____	Male/Female: _____	Age: _____	Grade: _____
Name: _____	Male/Female: _____	Age: _____	Grade: _____
Name: _____	Male/Female: _____	Age: _____	Grade: _____

Parental Status (please check): Married Separated Divorced Single Parent Guardian

Child lives with (please check): Both Parents Mother only Father only Other: _____

Name of Father/Guardian: _____ Email: _____

Telephone # (home): (work): (cell):

Home Address: _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Employment: _____

<i>Occupation</i>	<i>Company</i>	<i>City/State/ZIP Code</i>
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Name of Mother/Guardian: _____ **Email:** _____

Telephone # (home): (work): (cell):

Home Address: _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Employment: _____

<i>Occupation</i>	<i>Company</i>	<i>City/State/ZIP Code</i>
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Name: Relationship: Telephone #:

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In the event of an accident, is permission granted to send the child to the hospital if the legal parent/guardian cannot be contacted? (please check) **Yes** **No** **Hospital Preference in event of emergency:**

Are you a member of Hellenic Orthodox Church of Holy Trinity? (please check) **Yes** **No**

Are you an alumnus of Hellenic American Academy? (please check) **Yes** **No**

Church Affiliation: _____

<i>Name of Church</i>	<i>City</i>	<i>State</i>
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How did you hear about Hellenic American Academy?

Method of Payment (see Tuition Payment Schedule):

(please check) PreK: Monthly Grade School, Plan A: Pay in Full Grade School, Plan B: Pay Monthly

Registration and Book Fees are non-refundable and must be paid at the time of registration for each child registered. All tuition payments must be made on or before the day of the month you have chosen, i.e., the due date. Payments received after the due date will incur a \$25.00 late fee for each month. If tuition is in arrears and the late fee is not paid with the tuition, Hellenic American Academy may accelerate the balance of tuition. Refer to Hellenic American Academy's Tuition Payment Policy.

I certify all information provided is true to the best of my knowledge. I understand that providing false information may result in immediate loss of my child's seat at the Hellenic American Academy.

Parent's/Guardian's Signature: _____ Date: _____

Print Name: _____

Received by: _____ Date: _____