



# HELLENIC AMERICAN ACADEMY

41 Broadway Street, Lowell, MA 01854  
Telephone: 978-453-5422 Fax: 978-970-3554  
[www.hellenicamericanacademy.com](http://www.hellenicamericanacademy.com)

## 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 circle)*

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 circle):** Married Separated Divorced Single Parent Guardian

**Child lives with (please circle):** Both Parents Mother only Father only Other: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State ZIP Code

Employment: \_\_\_\_\_  
Occupation Company City/State/ZIP Code

Name of Mother/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State ZIP Code

Employment: \_\_\_\_\_  
Occupation Company City/State/ZIP Code

**Name of person other than parent/guardian who may be contacted should an emergency exist:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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: \_\_\_\_\_  
Name of Church City State

How did you hear about Hellenic American Academy? \_\_\_\_\_

**Method of Payment (see Tuition Payment Schedule):**

*(please check)* PreK: Monthly \_\_\_\_\_ K-8, Plan A: Pay in Full \_\_\_\_\_ K-8, 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: \_\_\_\_\_