

August 24, 2015

Dear Parents,

We hope you all had a happy and healthy summer vacation!

Enclosed please find the following:

1. Welcome Letter from Father Vassilios
2. Code of Conduct Letter (both in Greek and English)
3. School year calendar
4. Medical Form for Greek School
5. Greek School registration form
6. Email Request Form

REGISTRATION:

Please fill out the Greek school registration forms, completely and please print clearly. Please remember to give us your email address, since we'll be emailing you updates and reminder notices to your email address.

KINDERGARTEN:

As previous years, the Kindergarten class will be operable only if we have at least 8 registered students. A child must be at least 5 years of age by August 31st in order to register for the Kindergarten program. Birth Certificate may be requested.

PRE-KINDERGARTEN:

This year we are continuing a pre-kindergarten class for 4 year olds. A child must be at least 4 years of age by August 31st in order to register for the Pre-Kindergarten program. Children must be potty trained.

FEES:

For Church Members: First Child: \$400
Second Child: \$300
Third Child: \$200
Fourth Child: Free

For Non-Church Members: First Child: \$700
Second Child: \$600
Third Child: \$500

PTA Dues:

Please add the annual \$100 PTA fund fee for each family as well as a \$25 fee for books for each child.

REGISTRATION:

Registration begins on August 31st – 11th from 9:00am – 2:00pm every day at the church office. Please either drop-off the completed forms in person or by mail. **There will be no registration accepted on September 13th during Agiasmos or during first day of class.** Please do not forget that along with the registration form and the medical information, you need to bring the Code of Conduct form, signed by both parent and child.



SAINT NECTARIOS GREEK ORTHODOX CHURCH ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΕΚΚΛΗΣΙΑ ΑΓΙΟΥ ΝΕΚΤΑΡΙΟΥ

METROPOLIS
OF BOSTON

Holy Shrine - Προσκυνηματικός Ιερός Ναός



Αγαπητοί γονείς,

Μια νέα χρονιά ξεκινά για το Ελληνικό και κατηχητικό μας σχολείο. Εύχομαι να είναι μία χρονιά μάθησης και ευχάριστης φοίτησης των παιδιών, μέσα από την αξιόλογη εργασία των διδασκαλισσών και των κατηχητριών της ενορίας μας. Είναι σημαντικό να προσπαθήσουμε όλοι μαζί ώστε τα παιδιά μας να κρατήσουν ζωντανή την ελληνορθόδοξη ταυτότητα μας. Θα χαρώ ιδιαίτερα να σας δω να συμμετέχετε στις συγκεντρώσεις του ΠΠΑ, συμβάλλοντας και εσείς με τον τρόπο σας.

Κατά τη διάρκεια του σχολικού έτους μη διστάσετε να επικοινωνήσετε μαζί μου για οποιοδήποτε θέμα σας απασχολεί, είτε είναι κάποιος προβληματισμός είτε κάποια νέα ιδέα για την πρόοδο των σχολείων. Πολλές ιερατικές ευχές σε όλους.

Με εκτίμηση και αγάπη Χριστού,
π. Βασίλειος Μπέμπης

Dear Parents,

A new school year starts, and our community's programs (Greek & Sunday school) will start as well. I wish to all of you a blessed new year, inviting you to participate in our dynamic Parents- Teachers Association.

Please do not hesitate to contact me, during the school year, if you would like to share a new idea or if having concerns regarding our educational programs.

With agape in Christ,
Fr. Vassilios Bebis



METROPOLIS
OF BOSTON

ST. NECTARIOS GREEK ORTHODOX CHURCH ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΕΚΚΛΗΣΙΑ ΑΓΙΟΣ ΝΕΚΤΑΡΙΟΣ

ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΑΓΙΟΥ ΝΕΚΤΑΡΙΟΥ ΣΧΟΛΙΚΕΣ ΟΔΗΓΙΕΣ/ ΝΟΜΟΙ

Για να έχουμε ένα σχολείο το οποίο θα προσφέρει άριστο διδακτικό πρόγραμμα και όχι μόνο, θα πρέπει και από μέρους των μαθητών και των γονέων να υπάρχει εξ ίσου, σεβασμός προς τις Δασκάλους και προς το σχολείο και το κτίριο της Εκκλησίας.

Οι κάτωθι οδηγίες/νόμοι, συντάχθηκαν από τον σύλλογο των Γονέων με την συνεργασία της Σχολικής Επιτροπής. Παρακαλούμε μελετήστε τα μαζί με τα παιδιά σας. Ο Γονέας και το κάθε παιδί θα πρέπει να υπογράψει στο τέλος. Παρακαλούμε να το επιστρέψετε μαζί με το χαρτί της εγγραφής του/των παιδιού/ων σας, χωρίς το χαρτί αυτό δεν θα γίνει δεκτό το χαρτί της εγγραφής. Ευχαριστούμε.

1. **Κινητά Τηλέφωνα:** Οι μαθητές δεν επιτρέπεται να φέρνουν το τηλέφωνο στην τάξη. Εάν ο/η μαθητής/α πρέπει να έχουν τηλέφωνο, θα πρέπει να το παραδίδουν στην Δασκάλα τους κλειστό πριν αρχίσει το μάθημα. Η Δασκάλα θα το παραδίδει στο τέλος του μαθήματος.
2. **Ωρα χρήσεως μπάνιου:** Κάθε μαθητής έχει το δικαίωμα να χρησιμοποιήσει το μπάνιο μία φορά κατά την διάρκεια του μαθήματος, εκτός εάν ο γονέας έχει ενημερώσει την Δασκάλα για κάποιο πρόβλημα του παιδιού. Εξαρτάται από την κάθε Δασκάλα εάν θα έχει κάποια ειδική ώρα για να αφήσει τα παιδιά, αυτό αφορά τις μικρές τάξεις. Είναι προτιμότερο ειδικά τα μεγάλα παιδιά να επισκέπτονται το μπάνιο πριν αρχίσει το μάθημα, όταν φθάνουν στο σχολείο.
3. **Διαγωγή/Σεβασμός:** Σε κάθε μαθητή θα δίδονται προειδοποιήσεις για κακή διαγωγή. Εάν και όταν η Δασκάλα θα προειδοποιήσει για τρίτη φορά για κακή διαγωγή οι γονείς θα ειδοποιηθούν. Ο μαθητής θα αποπεμφθεί από το σχολείο για δύο σχολικές ημέρες. Εξαρτάται από την κάθε Δασκάλα αν θα πρέπει ο/η μαθητής/τρια να γράψει γράμμα με συγγνώμη ή κάποια άλλη εργασία κ.λ.π. Κακή διαγωγή μπορεί να είναι όχι σεβασμός προς την Δασκάλα ή φασαρία μέσα στην τάξη.

Υπογραφή Γονέως

Ημερομηνία

Υπογραφή Μαθητού

Ημερομηνία

Τάξη

ST. NECTARIOS GREEK SCHOOL , ROSLINDALE, MA
SCHOOL CODE OF CONDUCT

In an effort to set a standard of acceptable behavior and school conduct for the students of the Greek School, as well as instill the value of respect towards the teachers and school/church property, the following Rules/Guidelines have been drafted by the members of the School PTA and in collaboration with the Church Committee. Please review this information with your child(ren). Both parents and students must sign at the bottom. Please return with your school registration forms, otherwise your registration will not be valid. Thank you.

1. Cell Phones: Students are not allowed to possess and / or use cell phones in class. If a student does have, needs a cell phone , he/she must hand it over to the teacher before class begins. The teacher must return the cell phone to the student at the end of the class period. Whichever parent needs to have an open line of communication with the student, can do so by contacting the Teacher directly. Each teacher's cell phone will be given to each parent.

2. Bathroom Time: Each student will be allowed to use the restroom one time during class time unless a parent has notified the teacher that their child has a specific need. It is up to the individual teacher to either allot a specific time for restroom use or keep at an as needed basis. It is recommended that each student use the restroom before class begins, when they arrive at the school.

3. Behavior/Respect: A student will be given 2 warnings on bad behavior. If and when the teacher must warn the student a third time on bad behavior, the parents will be notified. The student will face a 2 day suspension. Depending on each teacher, the student will be required to either write a letter of apology, essay, etc..

Bad behavior, for instance, may include disrespect toward the teacher, the church property and/or disruption of class time.

Parent's Signature:

Date:

Student Name and Signature: _____

Student Name and Signature: _____

Student Name and Signature: _____

**Saint Nectario's
Greek School - Sunday School - PTA Calendar
2015 - 2016**

SEPTEMBER	
	Greek School Registration – August 31 st – Sept 11 th
Sunday, 9/13	Agiasmos - Blessing of the Holy Water Registration for Youth Ministry & Sunday School Registration
Monday, 9/14	Greek School Starts – All Grades
Sunday, 9/20	Sunday School Starts
Friday, 9/25	1 st General PTA Meeting
OCTOBER	
Friday, 10/9	Church Festival - NO SCHOOL
Monday, 10/12	Columbus Day - NO SCHOOL
Sunday, 10/25	"OXI" Day Celebration – Pites Breakfast
NOVEMBER	
Monday, 11/9	NO SCHOOL – St Nectarios Day
Sunday, 11/22	Bake Sale
Friday, 11/27	Day after Thanksgiving - NO SCHOOL NO GRACE PLACE – Sunday 11/29
DECEMBER	
Friday, 12/4	2 nd General PTA Meeting
Friday, 12/11	Christmas Retreat Friday, 12/18 Christmas Party Greek School & Pageant
Sunday, 12/20	Sunday School Christmas Pageant
Monday, 12/21	Report Cards passed out during school
12/25 – 1/4	Christmas Vacation - NO SCHOOL
JANUARY	
Friday, 1/8	Return to School & Cutting of Vasilopita MLK Day - NO SCHOOL Friday, 1/18 Sunday, 1/31 Trion Ierarchon Celebration – Breakfast by PTA
FEBRUARY	
2/15 – 2/21	February Vacation – NO SCHOOL, NO GRACE PLACE
Monday, 2/22	Return to School
Friday, 2/26	3 rd General PTA Meeting
MARCH	
Friday, 3/4	First fitting for March 25 th costumes
Friday, 3/5	Apokriatiko? Monday, 3/14 Passing of Laganas
3/18, 3/21	Pick up costumes
Sunday, 3/27	Greek Independence Day Celebration & Luncheon
Monday, 3/28	Report cards & Teacher Parent Conferences
APRIL	
Friday, 4/3	Greek Independence Day Parade
Friday, 4/15	Easter Retreat
4/18 – 4/24	April Vacation – NO SCHOOL – NO GRACE PLACE
Monday, 4/25	Return to School Friday, 4/29 – GOOD FRIDAY NO SCHOOL
MAY	
Monday, 5/2	NO SCHOOL – EASTER MONDAY Friday, 5/6 – 4 th PTA Meeting
Sunday, 5/22	GRACE PLACE Graduation
Monday, 5/30	Memorial Day – NO SCHOOL
JUNE	
Friday, 6/3	Last Day of School
Saturday, 6/4	Greek School Graduation & Party



ST. NECTARIOS GREEK ORTHODOX CHURCH
ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΕΚΚΛΗΣΙΑ ΑΓΙΟΣ ΝΕΚΤΑΡΙΟΣ

METROPOLIS
OF BOSTON

Please fill in the following information and return it to the Greek School. This information is important in case of illness, emergencies and unscheduled dismissal from school.

GRADE _____
STUDENT'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ ZIP CODE _____

MOTHER'S NAME _____ HOME TEL. # _____
CELL # _____
FATHER'S NAME _____ WORK TEL. # _____
CELL # _____

In the event that parent cannot be reached in an emergency, please list TWO responsible adults to contact:

NAME _____ ADDRESS _____ TEL _____
NAME _____ ADDRESS _____ TEL _____

ARE THERE ANY CUSTODY ISSUES OF WHICH THE SCHOOL SHOULD BE AWARE: IF SO, EXPLAIN:

If emergency medical attention is necessary and we cannot reach you, do you authorize the school of St. Nectarios Church staff to initiate medical treatment (please check one)
YES _____ NO _____

NAME OF INSURANCE COMPANY _____
(BC/BS, Tufts, HCHP, Medicaid, Mass. Health) Policy Number _____
DOCTOR'S NAME _____ Tel. # _____
HOSPITAL/HEALTH CENTER WHERE YOU TAKE YOUR CHILD IF HE/SHE IS ILL
NAME _____ ADDRESS _____ TEL _____
DOES CHILD HAVE ANY HEALTH PROBLEM OF WHICH THE SCHOOL BE AWARE? _____

DOES CHILD TAKE DAILY MEDICATION? YES _____ NO _____ IF YES PLEASE WHAT
(Any student taking medication of any kind must present a doctor's order and parent signature to school office)

NAME OF MEDICATION _____ TIMES TAKEN _____

ALLERGIES: FOOD _____ MEDICATION _____

KNOWN HEARING PROBLEM? YES _____ NO _____ GLASSES ALL TIMES _____ PART TIME _____

HAS CHILD HAD SURGERY, ILLNESS OR INJURIES IN THE LAST YEAR? IF SO PLEASE DESCRIBE _____

IS THERE ANY ADDITIONAL INFORMATION OF WHICH THE SCHOOL BE AWARE? _____

I HERBY AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION THAT THE SCHOOL DEP. DEEMS APPROPRIATE FOR THE COORDINATION OF SERVICES TO MY CHILD
YES _____ NO _____

PARENT'S SIGNATURE _____

DATE _____

ST. NECTARIOS CHURCH GREEK SCHOOL

REGISTRATION FORM

GRADE _____

A. Student Information :

Name (in full) of Student (Greek) _____

(English) _____

Date of Birth _____ Age: _____

Grade in American School _____

Sunday School Registration: yes _____, no _____

B. Family Information :

Father's name : _____

Mother's name : _____

Home Address: _____ Zip Code _____

Home Tel No: _____ Cell. Or Buss. Tel. _____

E-Mail _____

A person to call in case of emergency when parents cannot be reached:

_____, Tel. # _____

Names of brothers or sisters in the Greek School:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

What languages spoken most at home : _____

C. Financial Information (Office) :

Family is A Steward of St. Nectarios Church : yes _____, no _____

Do you like to become A Steward of St. Nectarios ? : yes _____

Amount Due to Church \$ _____

Amount Due to School \$ _____ 1st, 2nd, 3rd (please circle) child.

Total Amount Due \$ _____

Total Amount Paid \$ _____ Date paid _____ # _____

Balance Due \$ _____

Additional Payments \$ _____ Date paid _____ # _____

The Greek School PTA will be sending periodically emails to keep you updated of any events. If you like to be included in this distribution please provide below the email address (clearly).

Parent Name:

Student Name:

Email address or addresses you like to receive information:

1.

2.