



Holy Cross Catholic School

2017-2018
1st ~ 8th GRADE
STUDENT REGISTRATION

The Leader in Me™
great happens here
Holy Cross Catholic School

This form must be completed in its entirety. *Roster information.

DATE _____

Student Legal Last Name*	Student First Name*	M.I.	Preferred Name	2017-18 Grade	DOB*	Sex	Race	Baptism Date	1 st Communion Date

Local School District: _____

Telephone* _____ Cell Phone _____
 Email Address _____ Language Spoken At Home _____
 Do You Have Internet Access? (Yes) _____ (No) _____

Student Lives With: _____ Mother _____ Stepmother _____ Legal Guardian
 _____ Father _____ Stepfather

If Parents Are Divorced/Separated, Who Has Legal (Court Appointed) Custody: _____
 Is There A Restraining Order? (Yes) _____ (No) _____ Against Whom? _____

Place of Worship: _____ St. John Parish _____ St. Mary Parish Other: _____
 Would you like information on joining a Catholic Parish? Yes _____ No _____

- My child will need before school care. I would utilize after school care if it is offered.

OFFICE USE:		DATE RECEIVED: _____	
_____ \$25.00 Non-refundable registration fee	<input type="checkbox"/> Registration fee waiver	_____ Birth Certificate (copy)*	_____ Scholarship Application
_____ Registration Form	_____ Immunization Records (copy)*		
_____ Payment Sheet /FACTS Form			
* Newly enrolled students only			
Tuition Payment Plan:			
<input type="checkbox"/> Pay in full	Payment Date: _____ (2% discount if paid in full by July 30, 2017)	Check# _____	
<input type="checkbox"/> Monthly Direct Withdraw (FACTS payment system)			
<input type="checkbox"/> Early Registration \$100 discount per student (Registration received by April 15, 2017)			

Caregiver Information

Father/Guardian Name*

Religion

Father's Place of Employment

Home Phone/Work Phone

Mobile

Mother/Guardian Name* (Maiden)

Religion

Mother's Place of Employment

Home Phone/Work Phone

Mobile

Father/Guardian Signature

Mother/Guardian Signature

Thank you for Choosing Holy Cross Catholic School for your family!

Return registration form along with the non-refundable
\$25 registration fee (per student) to the School Office or mail to:

Holy Cross Catholic School
1745 S. Clinton Street
Defiance, OH 43512

FAX: 419-784-2073



**A \$100 discount per student
will be applied to all tuition bills
for registrations received by April 15, 2017.**