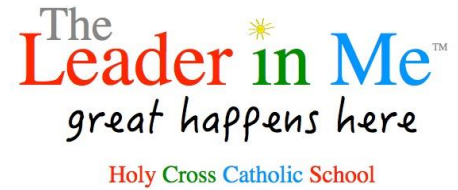


Holy Cross Catholic School



2018-2019 K - 5th Grade REGISTRATION



This form must be completed in its entirety.

Registration Date _____

Student Legal Last Name*	Student First Name*	M.I.	Preferred Name	2018-19 Grade	DOB*	Sex	Race	Baptism Date	1 st Communion Date

*Roster information.

Student Information

Address _____ City _____ Zip _____

Local School District: _____

Telephone* _____ Cell Phone (must have to receive text alerts) _____

Email Address _____ Language Spoken At Home _____

Do You Have Internet Access? (Yes) _____ (No) _____

Place of Worship: _____

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.

Kindergarten – 5th Grade

Tuition

Child enrolled _____ \$6,580 before applied grants/scholarships*

Second Child enrolled _____ Tuition less \$200

Third Child enrolled _____ Tuition less \$425

Fourth Child enrolled _____ Tuition less \$650

* All active parishioners of St. Mary or St. John parish in grades K-5th are eligible to apply for and receive a parish tuition grant between \$4,000 and the full cost of tuition. Please complete a grant request form with your application.

Non-refundable Registration Fee (due with application).....\$25 Per Student

Book Fees

K - 3rd grade.....\$100

4th grade - 5th grade.....\$125

Technology Fees

K – 5th grade.....\$50

1:1 Laptop Fee (5th - 6th).....\$50

My Tuition Payment Plan:

Pay in full by the first day of school (school will send invoice by July 1st). (2% discount if paid in full by July 30, 2018)

Monthly Direct Withdraw through FACTS payment system (please complete FACTS form).

Caregiver Information

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? _____

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:

- Non-refundable \$25 registration fee to Holy Cross Catholic School (per student)
- Scholarship Application(s)
- Copy of Birth Certificate (only required for newly enrolled students)
- Copy of Immunization Records (only required for newly enrolled students)
- FACTS Form (if applicable)

HCCS admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



SCHOLARSHIP FUNDS ARE AVAILABLE
Some families qualify for free tuition.
Visit www.defianceholycross.org or
call the office at 419-784-2021 for
available scholarships. Application deadlines vary.