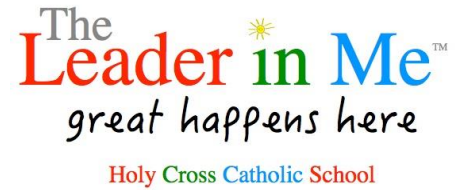


# Holy Cross Catholic School



## 2018-2019 K - 6<sup>th</sup> 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 <sup>st</sup> 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 – 6<sup>th</sup> Grade

### Tuition

Child enrolled ..... \$1,850

Second Child enrolled ..... \$1,650

Third Child enrolled ..... \$1,425

Fourth Child enrolled ..... \$1,200

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

### Book Fees

K - 3<sup>rd</sup> grade ..... \$100

4<sup>th</sup> grade - 6<sup>th</sup> grade ..... \$125

### Technology Fees

K – 6<sup>th</sup> grade ..... \$50

1:1 Laptop Fee (5<sup>th</sup> - 6<sup>th</sup>) ..... \$50

### My Tuition Payment Plan:

- Pay in full by the first day of school (school will send invoice by July 1<sup>st</sup>). (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](http://www.defianceholycross.org) or  
call the office at 419-784-2021 for  
available scholarships. Application deadlines vary.

Revised February 2018