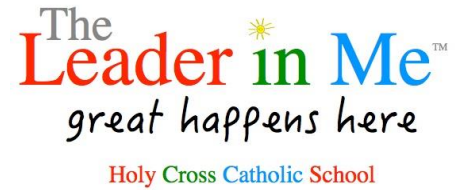


Holy Cross Catholic School



2019-2020 Young 5's - 5th Grade REGISTRATION



This form must be completed in its entirety.

Registration Date _____

Student Legal Last Name*	Student First Name*	M.I.	Preferred Name	19-20 Grade	DOB	Gender	Race

*Roster information is available to other parents. If you would prefer to have your child's information excluded from the roster, please check here:

Student Information

Address _____ City _____ Zip _____
 Local School District: _____
 Primary Telephone _____ Primary Email Address _____
 Language Spoken At Home _____
 Does Student Have Internet Access? (Yes) _____ (No) _____
 Family's Faith Denomination and 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.
- My child will ride a bus (circle all that apply) to school | from school | some days | everyday

My Tuition Payment Plan (check all that apply):

- I will be applying for one or more scholarships. (Please complete all applicable forms. All forms are available online at www.defianceholycross.org).
- I will be requesting financial aid. (Please complete a financial aid request form.)
- I will pay my owed amount in full by the first day of school (school will send invoice by July 1st).
(You may apply a 2% discount if paid in full by July 30, 2019)
- I would like to pay my owed amount through the Monthly Direct Withdraw FACTS payment system beginning with the new school year. (Please complete a FACTS form).

Please see other side.

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

Work Phone

Mobile* (must be provided for text alerts)

Father's Email*

Mother/Guardian Name* (Maiden)

Religion

Mother's Place of Employment

Work Phone

Mobile* (must be provided for text alerts)

Mother's Email*

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 payable Holy Cross Catholic School (per student)
- Scholarship Application(s) and/or Financial Aid Request Forms
- Copy of Birth Certificate (only required for newly enrolled students)
- Copy of Immunization Records (only required for newly enrolled students)
- Monthly Direct Withdraw 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.