

# Holy Cross Catholic School



## 2020-2021 Young 5's - 5<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	20-21 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.       My child will need after school care.
- My child will ride a bus (circle all that apply) to school | from school | some days | everyday

### PAYMENT INFORMATION

**Please check all that apply. This information will be used to prepare your Tuition Payment Agreement.**

- My scholarship application form is included with this registration form.
- I will be not be applying for a scholarship and will pay full tuition of \$7,125.
- 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 1<sup>st</sup>).
- I will pay my tuition in full by July 30, 2020 so that I am eligible for a 2% discount.
- I would like to pay my tuition through the Monthly Direct Withdraw FACTS payment system beginning with the new school year.

*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

### Return registration form along with:

- Non-refundable \$25 registration fee payable to 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)
- New student referral coupon (if applicable)

#### OFFICE USE ONLY:

_____ \$25.00 Non-refundable registration fee	_____ Active Parent Form	_____ Scholarship Intent to Apply
_____ Pick-up Form	_____ Medical Statement	_____ Tuition Agreement Form
_____ Emergency Authorization Form	_____ Birth Certificate (copy)	_____ Payment Sheet /FACTS Form
_____ Immunization Records (copy)	_____ Media Release	
_____ Information Sheet	_____ Administration of Medication Request (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.*

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[www.defianceholycross.org](http://www.defianceholycross.org)