

Holy Cross Catholic School

2021-2022

REGISTRATION



Student Legal Last Name	Student First Name	M.I.	Preferred Name	21-22 Grade	DOB	Gender	Race

***Student(s) Information**

Address _____ City _____ Zip _____

Local School District: _____

Primary Telephone _____ Number for Text Alerts _____

Email address for school communications _____

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

Billing Information

Name of parent/guardian responsible for tuition: _____

Address _____ City _____ Zip _____

Primary Telephone _____ Primary Email Address _____

SCHOLARSHIPS/ SUBSIDY / FINANCIAL AID INFORMATION (not applicable for PreKindergarten)

Please check all that apply:

- I/We are applying for one or more scholarships or financial aid.
- I/We are applying for a Catholic School Tuition Subsidy. *(Subsidies will be considered after scholarship eligibility/financial aid applications are considered.)*
- I/We waive the right to apply for a Catholic School Tuition Subsidy or other scholarship aid. I/we will pay the full cost of tuition at a rate of \$7,125 per student.

TUITION PAYMENT INFORMATION (Payment Begins August 15)

Your tuition bill will be mailed to you the first week in July.

- I will pay tuition in full by August 31, 2021 (Tuition paid in full will receive a 2% discount).
- I will pay tuition by Monthly Direct Withdraw beginning in August 2021. (There is no fee for this service.)
- Please bill me monthly for tuition. (A \$40 processing fee will be applied per student for monthly billing.)

PLEASE SEE OTHER SIDE OF 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*

Father's Place of Employment

Work Phone

Mobile* (must be provided for text alerts)

Father's Email*

Father/Guardian Signature

Mother/Guardian Name*

Mother's Place of Employment

Work Phone

Mobile* (must be provided for text alerts)

Mother's Email*

Mother/Guardian Signature

Return registration form along with:

- Non-refundable** \$25 registration fee per student payable to Holy Cross Catholic School (if registration is received after May 10, 2021)
- Copy of Birth Certificate (only required for newly enrolled students)
- Copy of Immunization Records (only required for newly enrolled students)

Holy Cross Catholic School

1745 S. Clinton St. | Defiance, OH 43512

419-784-2021 | fax 419-784-2073

www.defianceholycross.org

HCCS admits students of any religion, 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 religion, 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.