



FOR OFFICE USE ONLY

Amount \$ _____ Check # _____ Date: _____

Kindergarten & New Student Registration for 2019-2020

STUDENT/FAMILY INFORMATION

Student Name: _____ Grade Entering: _____
 (LAST) (FIRST) (M.I.)
 Address: _____
 (STREET) (CITY) (STATE) (ZIP)
 Phone: _____ Date of Birth: ____/____/____ Campus: _____ Gender: _____
 Religion/Parish of Registration: _____ Public School: _____
 (DISTRICT) & (BUILDING) This info is required for registration.
 If Non Catholic - Parish that you reside in: _____

FAMILY INFORMATION

Parent/Guardian:

Name: _____
 Home phone: _____
 Work phone: _____
 Cell phone: _____
 Email: _____
 Occupation: _____
 Employer: _____
 Religion/Parish: _____

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Name: _____
 Home phone: _____
 Work phone: _____
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 Occupation: _____
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Marital Status: Married Divorced Single Remarried Widowed

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If divorced:

Name of parent who has legal custody: _____ Name of parent who has physical custody: _____
 Name & Address of Non-Custodial Parent: _____
 Date of most recent custodial decree: _____ Please attach a copy to be placed in the child's permanent file.
 If two addresses, which is the child's primary household? _____

If decisions need to be made about student enrollment, they will be made by the President of Holy Cross Academy in close collaboration with the pastors of all parishes.

I understand and accept my responsibilities of supporting academy and parish policies as defined in the Holy Cross Academy Parent-Student Handbook. I agree to meet my financial obligations to Holy Cross Academy, or to talk with Sue Barnowski, HCA Business Manager prior to June 1st if I need to make special arrangements.

Parent/Guardian's Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH YOUR NONREFUNDABLE REGISTRATION FEE:

By March 1st: \$75 Fee per family **After March 1st:** \$200 Fee per family

An Instructional fee of \$150.00 per student is due by June 1st.

Unpaid instructional fees will be applied to tuition balance with a \$25 charge if not paid by June 1st.

— OVER —



SCHOOLS ATTENDED PREVIOUSLY:

(ATTENDANCE DATES) (NAME OF SCHOOL) (CITY) (STATE) (REASON FOR LEAVING)

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SACRAMENTS:

Baptism

First Communion

Confirmation

Date: _____

Church: _____

City & State: _____

If your child has not been baptized at one of the supporting HCA parishes, please include a copy of his/her Baptismal Certificate with completed registration forms.

Please list the names and current ages of all children residing in your home, and the school they attend if not an HCA campus.

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

IMPORTANT HEALTH INFORMATION:

If applicable, please provide the following information.

Student Allergies: _____

Does your child have an epi-pen? _____ Yes _____ No

Please describe any medical conditions: _____

Does your child have an inhaler? _____ Yes _____ No

Please list any medication that will need to be administered regularly at school?

IMPORTANT ACADEMIC INFORMATION:

Does your child have an IEP/ISP for:

Learning Concerns? _____ Yes _____ No

Speech or Language? _____ Yes _____ No

Vision or Hearing? _____ Yes _____ No

Other? _____ Yes _____ No