



**FOR OFFICE USE ONLY**

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

# Re-Enrollment 1<sup>st</sup> – 8<sup>th</sup> Grade for 2018-2019

## FAMILY INFORMATION

Parent or Guardian: \_\_\_\_\_  
(LAST) (FIRST) (M.I.) (CELL PHONE)

Parent or Guardian: \_\_\_\_\_  
(LAST) (FIRST) (M.I.) (CELL PHONE)

Address: \_\_\_\_\_  
(STREET) (ZIP) (PHONE)

Parent or Guardian Email Address: \_\_\_\_\_

Parish of Registration \_\_\_\_\_

CHILDREN	GRADE 2018-2019	PUBLIC SCHOOL DISTRICT & BUILDING (Elementary and/ or Middle School)	CAMPUS OLP/SMA/ANN/SDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_ My child/ren will be returning to Holy Cross Academy next year.

\_\_\_ My child/ren will not be returning to Holy Cross Academy next year because

\_\_\_\_\_  
\_\_\_\_\_

I understand and accept my responsibilities of supporting school and parish policies as defined in the school handbook.

I agree to meet my financial obligations to Holy Cross Academy, or talk with Sue Barnowski, Business Manager prior to June 1, if I need to make special arrangements.

## PLEASE RETURN THIS FORM WITH YOUR NONREFUNDABLE REGISTRATION FEE:

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

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)