



FOR OFFICE USE ONLY

Amount \$ _____ Check # _____ Date: _____

Re-Enrollment 1st – 8th Grade for 2019-2020

FAMILY INFORMATION

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

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(LAST) (FIRST) (M.I.) (CELL PHONE)

Address: _____
(STREET) (ZIP) (PHONE)

Parent or Guardian Email Address: _____

Parish of Registration _____

CHILDREN	GRADE 2019-2020	PUBLIC SCHOOL DISTRICT & BUILDING (Elementary and/ or Middle School)	CAMPUS OLP/SMA/ANN/JP2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

___ 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 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)