HOLY FAMILY SCHOOL SYSTEM
Family Enrollment 2016-2017

The family enrollment fee for currently enrolled families is $60.00 if received by **Friday, February 12, 2016** and $75.00 if received after that date. All newly enrolled families will be charged the $60.00 enrollment fee, regardless of the date received. The enrollment fee **MUST** accompany this form. The fee is non-refundable after June 30, 2016, unless the family is moving out of the metro area. This enrollment fee will not be applied to tuition.

FATHER/GUARDIAN NAME_____ H/Phone_____
(Last) (First) (MI)

_____ Cell Phone_____
(Home Address)

_____
(City) (State) (Zip)

Place of Employment_____ W/Phone_____

E-mail Address _____

MOTHER/GUARDIAN NAME_____ H/Phone_____
(Last) (First) (MI)

_____ Cell Phone_____
(Home Address)

_____
(City) (State) (Zip)

Place of Employment_____ W/Phone_____

E-mail Address _____

PERSON(S) RESPONSIBLE FOR TUITION PAYMENT IF DIFFERENT THAN ABOVE:

NAME_____ H/Phone_____
(Last) (First) (MI)

_____
(Home Address)

_____
(City) (State) (Zip)

Place of Employment_____ W/Phone_____

E-mail address _____ Cell Phone _____

Newly Enrolled Families Only: Please list one current Holy Family family who referred you _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1) Check one:
- ❑ Our child(ren) will attend the Holy Family School System in 2016-2017.
- ❑ We will NOT attend the Holy Family School System in 2016-2017.

2) Previous School:
- ❑ If new student, list previous school _____
- ❑ If enrolling in kindergarten: Fill out all that apply
  - ☐ Attended preschool at _____
  - ☐ Has not attended preschool
  - ☐ Attended Alternative Kindergarten (AK) at _____

3) Resident School District: (Check one)

_____Cedar Rapids Community _____ College Community

_____Other: (Please list)_____

Name of Neighborhood School: Elementary (K-5)_____

Middle (6, 7, 8)_____

4) County of Residence _____

(OVER)

5) Parish Affiliation: (check one)

Holy Family Parishioner (please check one below):

_____St. Jude _____St. Patrick, Cedar Rapids

_____St. Ludmila _____St. John XXIII

Member of Other Parish (please check one below):

_____Immaculate Conception

_____St. Wenceslaus _____Other: (please list)_____

Non-Catholic:

_____Religious Affiliation:_____

Please list the names and birth dates of your child(ren) at the grade level they will be enrolled during the 2016-2017 school year.

				Ethnicity	**Sex**	
Grade		Childcare Needed	**STUDENT'S LEGAL NAME (First, Middle, Last)**	**Indicate all that apply.** A=Asian, B=Black or African American, W=White, H=Hispanic, I=American Indian or Alaska Native, P=Pacific Islander	F=Female M=Male	**Birthdate**
PS 3 St. Jude	T - Th	Yes No	Circle Class Preference AM or PM			
PS 3 St. Ludmila	T - Th	Yes No	Class – AM only			
PS 4 St. Jude	M-W-F	Yes No	Circle Class Preference AM or PM			
PS 4 St. Ludmila	M-W-F	Yes No	Class – AM only			
K	St. Jude	Yes No				
1	St. Jude	Yes No				
2	St. Jude	Yes No				
3	St. Ludmila	Yes No				
4	St. Ludmila	Yes No				
5	LaSalle	Yes No				
6	LaSalle	########				
7	LaSalle	########				
8	LaSalle	########				

* Tuition Assistance is available for families with students enrolled in K – 8th grade through the Holy Family School Tuition Assistance Fund. Application forms for Tuition Assistance may be obtained through the Holy Family School Business Office (390-6512). **ALL Tuition Assistance forms must be postmarked to PSAS no later than March 24, 2016.**

PARENT/GUARDIAN SIGNATURE_____DATE_____

PARENT/GUARDIAN SIGNATURE_____DATE_____

For Office Use Only:

DATE_____ CASH_____ CHECK #_____RECEIPT #_____