

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 _____

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.

Grade		Childcare Needed	STUDENT'S LEGAL NAME (First, Middle, Last)	Ethnicity	Sex	Birthdate
PS 3 St. Jude	T - Th	Yes No	Circle Class Preference AM or PM	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	
			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 # _____