

**HOLY FAMILY SCHOOL SYSTEM**  
**Family Enrollment 2018-2019**

The family enrollment fee for currently enrolled families is \$70.00 if received by **Friday, February 23, 2018** and \$85.00 if received after that date. All newly enrolled families will be charged the \$70.00 enrollment fee, regardless of the date received. The enrollment fee **MUST** accompany this form. The fee is non-refundable after June 30, 2018, 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 2018-2019.

**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 Catholic Parishioner:

St. Jude
  St. Patrick  
 St. Ludmila
  St. John XXIII

Member of Other Catholic Parish:

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 2018-2019 school year.

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

\* Tuition Assistance is available for families with students enrolled in K – 8<sup>th</sup> grade through the STO tuition assistance and Holy Family School Tuition Assistance Fund. **ALL families must first apply to the STO Tuition Assistance using the online application at [online.factsmgt.com/aid](http://online.factsmgt.com/aid). All paperwork is due to STO no later than March 29<sup>th</sup>, 2018.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Office Use Only:**

DATE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_