

REGISTRATION FORMS  
for  
Kindergartners and New Students

HOLY FAMILY SCHOOL REGISTRATION 2015-2016

Date of Registration: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Holy Family Parishioner: Yes / No

If you are actively registered in a church, name of church: \_\_\_\_\_

Child's Complete Name \_\_\_\_\_ Circle: Male / Female

*Last First Middle Name*

Child's Address \_\_\_\_\_

*Street City State Zip Code*

Child's Place of birth \_\_\_\_\_

*City State*

Child's Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Father's Name \_\_\_\_\_

(Check if step-father \_\_) *Last First Middle Initial*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's Home Address \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

(check if step-mother \_\_) *Last First Middle Initial*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status: (circle **CURRENT** status only): Married Separated Divorced Remarried Single parent

If divorced or single, who is custodial parent/guardian: \_\_\_\_\_

**Child's School Record:**

Current Grade \_\_\_\_\_ Entering Grade \_\_\_\_\_

Present K-8 School Attending \_\_\_\_\_

or Pre-School Attending \_\_\_\_\_ How Long: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

School Address \_\_\_\_\_

**Child's Record - Reception of Sacraments:**

If Catholic, date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Address of Church \_\_\_\_\_

If Catholic, date of First Communion \_\_\_\_\_ Church \_\_\_\_\_

Address of Church \_\_\_\_\_

By signing this document, I declare myself the legal parent or guardian of the above child, whom I wish to enroll in Holy Family School.

\_\_\_\_\_  
Signature Date

Print Name of Signer: \_\_\_\_\_

Please list any health problems or any other conditions/situations of which the school should be aware: \_\_\_\_\_

Office Use Only Fee Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Initialed by \_\_\_\_\_  
Certified Birth Certificate \_\_\_\_\_ Baptismal Cert. \_\_\_\_\_ SS# \_\_\_\_\_ Physical forms (given to them) Yes No

**2015-2016**  
**Bingo Commitment Form**  
**New Families Only**

PARENT(S) LAST NAME: (print) \_\_\_\_\_

STUDENT'S LAST NAME:(print) \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street  City  Zip

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Name(es) of Parent(s) child resides with:

The full cost of education at Holy Family School is subsidized by parish contributions, Bingo, and school and parish fundraisers. It is the school and parish families working together that enables us to maintain the fine Catholic education Holy Family School provides for your child.

For registration to be complete and accepted: 1) Bingo commitment (below) needs to be checked; 2) the tuition agreement page signed, either parishioner or non-parishioner; 3) A \$50.00 Book/Supply/Technology Fee, non-refundable, be submitted, representing one-half the full \$100.00 fee, with the remainder due in August; 4) a city or county birth certificate submitted.

**Bingo Commitment**

Please check below:

\_\_\_ I (or a representative) will work Bingo on **Tuesday** once a month. Depending on my assignment, my schedule will be an approximately three-hour period sometime between 6:00 and 10:00 p.m.

**OR**

\_\_\_ I (or a representative) will work Bingo on **Sunday** once a month. Depending on my assignment, my schedule will be an approximately three-hour period sometime between Noon and 4:00 p.m.

NOTE: Bingo is organized so that one parent only or one responsible adult assigned by each family works year-round approximately once a month.

**ONLY HOLY FAMILY PARISHIONERS**  
**RETURN THIS FORM**

(PLEASE DO NOT FILL OUT BOTH A PARISHIONER AND NON-PARISHIONER FORM)

## Tuition Agreement Form

Parent(s) Last Name(s): \_\_\_\_\_

Child(ren)'s Last Name: \_\_\_\_\_

**TUITION PARISH SUPPORT AGREEMENT**  
**2015/2016 ACADEMIC YEAR**

In enrolling my child(ren) in Holy Family Catholic School, I realize that Catholic Education is a joint responsibility of a Catholic parent, school and parish community. I understand that the full cost of education at Holy Family School is subsidized by parish contributions, Bingo, and school and parish fundraisers. I further understand that in order to qualify for parishioner tuition rates, I am expected to maintain parishioner status by:

- 1.) PARTICIPATING WEEKLY IN A PARISH SATURDAY OR SUNDAY MASS AND IN HOLY DAY MASSES AND HAVING MY CHILDREN DO THE SAME, INCLUDING BY MY CHILD IN THE FOURTH THROUGH EIGHTH GRADE PARTICIPATING IN THE YOUTH CHOIR IF NOT AN ALTAR SERVER.
- 2.) Maintaining the Tuition Support as published by the School Board and passed by the Parish Finance Council;
- 3.) Being a registered and contributing member\* of Holy Family Parish, working Bingo and fund-raisers, and making a minimum yearly \$200.00 contribution as my Sunday Mass offering.

For those parish families who may be experiencing financial difficulties, contact the School Finance Committee, 877-7158, and arrangements can be discussed.

**Tuition** — paid monthly, July through June, or at the beginning of each semester or year.

**Parish Support** — weekly or monthly (church envelopes)

For families terminating their children's education at Holy Family School through graduation or transfer, financial payment of any balance of tuition and fees is required before diplomas/report cards will be issued. (Graduates: final payment prior to graduation in May 2016.)

At the end of the academic quarters, delinquent accounts will result in withheld report cards and a suspended registration for the next school year until the delinquent account is rectified.

I understand the above conditions for the enrollment of my child(ren) in Holy Family School and realize that failure to meet them will jeopardize enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*contributing member = giving of time, talent, and treasure! (receiving and using parish contribution envelopes.)

**ONLY NON-PARISHIONERS**

**Return This Form**

(PLEASE DO NOT FILL OUT TWO TUITION AGREEMENTS)

**Tuition Agreement Form**

Parent(s) Last Name(s): \_\_\_\_\_

Child(ren)'s Last Name: \_\_\_\_\_

**TUITION AND PARISH SUPPORT AGREEMENT**  
**2015-2016 ACADEMIC YEAR**

In enrolling my child(ren) in Holy Family Catholic School, I realize that Catholic Education is a joint responsibility of parent, school, and parish community. I further understand that the full cost of education at Holy Family School is subsidized by parish contributions, Bingo, and school and parish fund raisers.

Therefore I understand that I am responsible for:

- 1.) **Maintaining the Tuition Support established by the Parish Finance Committee in conjunction with the School Board.**
- 2.) **Participating in efforts to support the total cost of education by working Bingo and fund-raisers.**

Tuition — Paid monthly August 15 - May 15 or at the beginning of each semester or year

For families terminating their children's education at Holy Family School through graduation or transfer, financial payment of any balance of tuition and/or fees is required before diplomas/ report cards will be issued. (Graduates: final payment is early May 2016)

At the end of the academic quarters, delinquent accounts will result in withheld report cards and a suspended registration for the next school year until the delinquent account is rectified.

I understand the above conditions for the enrollment of my child(ren) in Holy Family School and realize that failure to meet them will jeopardize enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Newsletter Signup

## For New Families

Newsletters are sent out approximately  
two to four times each year to Grandparents

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

Only Transferring Students in First through Eighth Fill Out This Form  
**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

NAME OF SCHOOL RELEASING RECORDS

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_ SCHOOL FAX: \_\_\_\_\_

I hereby authorize Holy Family School to obtain the following records for the above mentioned student as initiated, and certify that I have been notified of Holy Family's intent to obtain all such records:

- \_\_\_\_\_ Transcripts
- \_\_\_\_\_ Standardized test scores
- \_\_\_\_\_ Psychological referrals & evaluations
- \_\_\_\_\_ Other: \_\_\_\_\_

School Health Records Required by State

- \_\_\_\_\_ Physical Examination
- \_\_\_\_\_ Immunizations
- \_\_\_\_\_ Dental
- \_\_\_\_\_ Eye
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

Print Parent Name: \_\_\_\_\_

Mail to: Holy Family School  
1900 St. Clair Avenue  
Granite City, IL 62040  
618-877-5500 / 618-877-5502 fax

Date requested by HFS \_\_\_\_/\_\_\_\_/\_\_\_\_ Date academic records received by HFS \_\_\_\_/\_\_\_\_/\_\_\_\_  
M / D / Y M / D / Y

Health Records received from transferring school? \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_