

**HOLY FAMILY SCHOOL SYSTEM**  
**Family Enrollment 2012-2013**

The family enrollment fee for currently enrolled families is \$60.00 if received by **Friday, February 10, 2012** 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, 2012, unless the family is moving out of the metro area. This enrollment fee will not be applied to tuition.

FATHER/GUARDIAN NAME \_\_\_\_\_

Last                      First                      MI

Place of Employment \_\_\_\_\_ W/Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ H/Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_

Last                      First                      MI

Place of Employment \_\_\_\_\_ W/Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ H/Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

Last                      First                      MI

Place of Employment \_\_\_\_\_ W/Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ H/Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**1) Check one:**

- Our child(ren) will attend the Holy Family School System in 2012-2013.
- We will NOT attend the Holy Family School System in 2012-2013.

**2) Resident School District: (Check one)**

\_\_\_\_\_ Cedar Rapids Community                      \_\_\_\_\_ College Community  
\_\_\_\_\_ Other: (Please list) \_\_\_\_\_

Name of Neighborhood School: Elementary (K-5) \_\_\_\_\_  
Middle (6, 7, 8) \_\_\_\_\_

**(OVER)**

**3) Parish Affiliation: (check one)**

Holy Family Parishioner (please check one below):

\_\_\_\_\_ St. Jude

\_\_\_\_\_ St. Patrick, Cedar Rapids

\_\_\_\_\_ St. Ludmila

\_\_\_\_\_ Blessed 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 2012-2013 school year. Enrollment based upon class size limitations established by the Holy Family School Board of Education.

Grade			Name (First, Middle, Last)	Ethnicity	Sex	Birthdate
PS 3 St. Jude	T - Th	Circle Preference AM or PM	Child Care needed - Y N	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	
PS 3 St. Ludmila	T - Th	AM	Child Care needed - Y N			
PS 4 St. Jude	M-W-F	Circle Preference AM or PM	Child Care needed - Y N			
PS 4 St. Ludmila	M-W-F	AM	Child Care needed - Y N			
K	St. Jude					
1	St. Jude					
2	St. Jude					
3	St. Ludmila					
4	St. Ludmila					
5	LaSalle					
6	LaSalle					
7	LaSalle					
8	LaSalle					

\* Tuition Assistance is available for families with students enrolled in K – 8<sup>th</sup> 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 23, 2012.**

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

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

**For Office Use Only:**

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