

HOLY FAMILY SCHOOL SYSTEM
Family Registration 2009-2010

The family registration fee for currently enrolled families is \$50.00 if registered by **Friday, February 13, 2009** and \$75.00 if registered after that date. All newly enrolled families will be charged the \$50.00 registration fee, regardless of their registration date. The registration fee **MUST** accompany this form. The fee is non-refundable after June 30, 2009, unless the family is moving out of the metro area. This registration 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 2009-2010.
- We will NOT attend the Holy Family School System in 2009-2010.

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
 John XXIII
 St. Ludmila
 St. Patrick, Fairfax

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 2009-2010 school year. Enrollment based upon class size limitations established by the Holy Family School Board of Education.

Grade			Name (First, Middle, Last)	Birthdate
PS 3 St. Jude	T - Th	Circle Preference AM or PM	Child Care needed - Y N	
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 – 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 applications must be returned to the Holy Family Business Office by February 27, 2009.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For Office Use Only:

DATE _____ CASH _____ CHECK # _____ RECEIPT # _____