HOLY FAMILY SCHOOL SYSTEM
Family Enrollment 2010-2011

The family enrollment fee for currently enrolled families is $50.00 if received by **Friday, February 12, 2010** and $75.00 if received after that date. All newly enrolled families will be charged the $50.00 enrollment fee, regardless of the date received. The enrollment fee **MUST** accompany this form. The fee is non-refundable after June 30, 2010, 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 2010-2011.
- ☐ We will NOT attend the Holy Family School System in 2010-2011.

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 2010-2011 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 26, 2010.**

PARENT/GUARDIAN SIGNATURE_____DATE_____

PARENT/GUARDIAN SIGNATURE_____DATE_____

For Office Use Only:

DATE_____ CASH_____ CHECK #_____RECEIPT #_____