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.

				Ethnicity	**Sex**	
Grade			**Name (First, Middle, Last)**	**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	**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 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 #_____