



304 South Street  
Collinsville, Illinois 62234-2619  
618 344-3145  
holycross-collinsville.org

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## NEW STUDENT ENROLLMENT FORM

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**APPLICATION FOR GRADE:** (circle one)

PS/PK 3 Half   PS/PK 3 Plus   PS/PK 5 Half   PS/PK 5 Plus   K   1   2   3   4   5   6   7   8

Referred by \_\_\_\_\_

**STUDENT INFORMATION:** *Please fill out this section with Student information only.*

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone \_\_\_\_\_

Grade/Class Status: Present Grade \_\_\_\_\_ Grade Completed \_\_\_\_\_

School Attending / Last Attended \_\_\_\_\_

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

School Phone \_\_\_\_\_ Principal \_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

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**MOTHER'S/GUARDIAN'S NAME** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Church Membership \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

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**FATHER'S/GUARDIAN'S NAME** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Church Membership \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

*Continue on other side*

**FAMILY INFORMATION:** *Please complete all. Mark N/A if not applicable*

Custodial Parents:    \_\_\_\_\_ Both (same household) \_\_\_\_\_ Both (separate households)  
                                 \_\_\_\_\_ Mother                                    \_\_\_\_\_ Father                                    \_\_\_\_\_ Other

School Communication to:    \_\_\_\_\_ Mother only    \_\_\_\_\_ Father only    \_\_\_\_\_ Both    \_\_\_\_\_ Other

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Please initial the following lines below showing your acknowledgement of these statements.

\_\_\_\_\_ **Holy Cross members:** As a parent of a child/children in Holy Cross Lutheran School and member of this congregation, I am fully aware that my membership entitles me to a discounted tuition rate. Therefore, I am also aware of my financial responsibility to Holy Cross Lutheran Church.

\_\_\_\_\_ As a family in Holy Cross Lutheran School, I understand the payment of all fees must be kept current. Remittance may be made by month, by semester, or by year. Full annual payment made by August 1st qualifies for a 5% discount.

\_\_\_\_\_ Any default in financial obligation is subject to collection through the legal process. All legal fees required in the collection process will be at the expense of parent/guardian herein and signature below.

\_\_\_\_\_ Check here to utilize the Joyful Response Electronic Payment. This option reduces your tuition rate by 2% and allows free automatic payments from your checking or savings account. Forms are available in the office. Payments for all accounts may also be made online using PayNow at RenWeb.com.

\_\_\_\_\_ I give permission for Holy Cross Lutheran Church & School to use photographs of my child(ren) (names are always withheld) in publications, marketing materials and social media.

*I/We abide by the school's policies and regulations, and as parent/guardian or responsible party, agree to pay all tuition/fees due for the attendance of this student at Holy Cross Lutheran School. If any collection activity is necessary to collect any unpaid tuition and fees, litigation expenses and legal fees will also be collectible.*

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

FOR OFFICE USE ONLY:

\$ \_\_\_\_\_ Application Fee received on \_\_\_\_\_ check # \_\_\_\_\_ by \_\_\_\_\_

\$ \_\_\_\_\_ Registration Fee received on \_\_\_\_\_ check # \_\_\_\_\_ by \_\_\_\_\_

\$ \_\_\_\_\_ Other designations on check for \_\_\_\_\_

\$ \_\_\_\_\_ **Check Total**