

**APPLICATION FOR RE-ENROLLMENT**

Date \_\_\_\_\_

Please answer all questions below, sign and return this re-enrollment form to the school office. The registration fee must be paid to secure classroom space for the new school year.

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Appreciating the advantages offered by a Christian school, we hereby request that our child(ren) be enrolled at Holy Cross Lutheran School.

Child's Name \_\_\_\_\_ Grade (for the 2021-22 school year)  
***For PS/PK, please indicate desired program  
(3 or 5 day, HALF or PLUS day)***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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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 June 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.

\_\_\_\_\_ 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.

Parent Signature \_\_\_\_\_ Email \_\_\_\_\_

Print Last Name \_\_\_\_\_ Date \_\_\_\_\_

**Family Information:**

Custodial Parents: \_\_\_\_\_ Both (same household) \_\_\_\_\_ Both (separate households)  
\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify \_\_\_\_\_)  
School Communication to: \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Both \_\_\_\_\_ Other (specify \_\_\_\_\_)

# STUDENT EMERGENCY INFORMATION 2021-22

*(Please indicate any changes from current record)*

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information and Medications (must have medical form in school office) \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information and Medications (must have medical form in school office) \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information and Medications (must have medical form in school office) \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information and Medications (must have medical form in school office) \_\_\_\_\_

## Contact Information *(indicate changes only)*

Student Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Phone- Home \_\_\_\_\_ Phone- Home \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

## **Emergency Pickup Information:** (Individuals who are allowed to pick up your child when parents are not available. Will be called in the order given)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_