



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

NEW STUDENT ENROLLMENT FORM

APPLICATION FOR GRADE: (circle one)

PS or PK **3 Half** PS or PK **3 Plus** PS or PK **5 Half** PS or 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 _____

I wish to inquire about having my child(ren) baptized

MOTHER'S/GUARDIAN'S NAME _____

Address (if different than student) _____

Church Membership _____ Email _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Date of Birth ____/____/____ Marital Status _____

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

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.

_____ 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.

_____ **Remittance:** As a family in Holy Cross Lutheran School, I understand the payment of all fees must be kept current.

_____ 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**