

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.

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 2023-2024 school year)

***For PS/PK, please indicate desired program
(3 or 5 day, HALF or PLUS day)***

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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.

_____ **Remittance Options:** As a family in Holy Cross Lutheran School, I understand the payment of all fees must be kept current. Remittance may be made by **Year** _____ (Full annual payment made by **August 1st** qualifies for a \$75 discount) by **Semester** _____, by **Joyful Response** _____ (automatic withdrawal from your checking or savings account qualifies up to a \$30 discount), or by **monthly payments** by check or cash.

_____ 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 2023-24

(Please indicate any changes from current record)

Student's Full Name _____ Grade _____

Allergies _____

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

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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: _____