

Holy Cross Lutheran School
304 South Street
Collinsville, Illinois 62234

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 2017-18 school year)

For PK, please indicate 3 or 5 day and a.m. or p.m.

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.

_____ 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 have included a registration fee of _____ with this reenrollment form to reserve classroom space for my child(ren). I understand that the registration fee given to Holy Cross Lutheran School is not refundable.

Parent Signature _____

Email _____

Print Last Name _____

Date _____

Family Information:

Custodial Parents: _____ Both (same household) _____ Both (separate households)

_____ Mother

_____ Father

_____ Other

School Communication to: _____ Mother only _____ Father only _____ Both _____ Other

STUDENT EMERGENCY INFORMATION 2017-2018

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

Mother's Name _____ Father's Name _____

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) _____

Name _____ Relationship to Child _____

Phone (H) _____ (C) _____ (W) _____

Parent's Name (Please Print) _____

Parent's Signature: _____

Date: _____