



Holy Cross Lutheran Church and School
304 South Street
Collinsville, Illinois 62234-2619

618 344-3145
Fax: 618 344-1222

NEW STUDENT ENROLLMENT FORM

APPLICATION FOR GRADE: (circle one)

PS3 PK3-am PK3-pm PK5-am PK5-pm Kdg 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 _____

Date of Birth ____/____/____ Place of Birth _____

Social Security # ____/____/____ Home Phone _____

Grade/Class Status: Present Grade _____ Grade Completed _____

School Attending / Last Attended _____

School Address _____

School Phone _____ Principal _____

Baptism Date ____/____/____ Church _____

MOTHER'S/GUARDIAN'S NAME _____ Phone _____

Address (if different than student) _____

Church Membership _____ Email _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Date of Birth ____/____/____ SSN ____-____-____

FATHER'S/GUARDIAN'S NAME _____ Phone _____

Address (if different than student) _____

Church Membership _____ Email _____

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Date of Birth ____/____/____ SSN ____-____-____

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.

_____ As a parent of a child/children in Holy Cross Lutheran School and member of this congregation, I am fully aware of my financial responsibility to Holy Cross Lutheran Church.

_____ As a member of _____, I will contribute my fair share in Sunday offerings to my home church.

_____ Christian training involves cooperation among the school, the home and the church. As a family, we will commit to faithful attendance at Sunday School and church services, as well as maintaining Christian training in our home.

_____ 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 enrollment form to reserve classroom space from my child(ren). I understand that the registration fee given to Holy Cross Lutheran School is not refundable and the full amount for all children is due for enrollment to be complete.

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

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**