



Holy Cross Catholic School

2300 Main Street

Batavia, IL 60510

(630) 593-5290 Fax: (630) 593-5289

Family Name _____

Name of Student Grade Entering Date of Birth Gender (M/F)

_____	_____	_____	_____	If Kindergarten, please check
_____	_____	_____	_____	<input type="checkbox"/> Full Day
_____	_____	_____	_____	<input type="checkbox"/> ½ Day
_____	_____	_____	_____	If registering for
_____	_____	_____	_____	Kindergarten, student must
_____	_____	_____	_____	Be 5 years old by Sept. 1 st .

Religion _____ My child(ren) has received **Penance** Y/N **First Communion** Y/N

Present School (if transferring): _____

Public School Your child would attend: _____

Home Parish: _____

Father's Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Address _____ Zip: _____

Occupation: _____ Employer: _____

Mother's Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Address: _____ Zip: _____

Occupation: _____ Employer: _____

Circle One

Child lives with: Mother & Father, Mother & Stepfather, Father & Stepmother, Mother Only, Father Only

If parents are separated or divorced, please indicate with whom the child is living and the terms of custody:

Legal guardian if child is not living with parents: _____

Before School Care is available from 7:00 a.m. to 7:40a.m. and After School Care is available from 3:00 – 6:00 p.m.

I am interested I am not interested

Special Needs

Name of Child: _____

Has this child been attending Special Education or Title 1 Classes? YES NO

Does this child have special needs/circumstances of which the School should be aware of? YES NO

If yes, please describe any special circumstances that relate to the child's home/school situation on a separate piece of paper and attach to this form.

Attached is our non-refundable registration fee of:

Registration for K-8 students is \$150 per family.

If you only have one (1) preschool student and no other students K-8, the registration fee is \$75.

Optionally, please accept my donation to the Guardian Angel Tuition Assistance Fund to help other students attend Holy Cross School. I understand this donation will be used to help families that may, from time-to-time, find it difficult to fulfill their monthly tuition obligation.

\$ _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Registration Fee of \$ _____ Paid by Check # _____ / ash Added to FACTS _____ Date: _____

Student Record Release Form Received (New 1-8) _____ Form Sent _____ Records Received _____

Birth Certificate Received _____ School Physical Received (New, PS, PK, K, 6) _____

Eye Exam Received (New to IL, K) _____ Dental Exam Received (K, 2, 6) _____