

**2023 - 2024**

**New Student  
Registration Forms  
Kindergarten  
through Grade 6**



**Diocese of Rochester  
Catholic Schools**  
Faith. Academics. Community.

1150 Buffalo Road, Rochester, NY 14624 | [dorschools.org](http://dorschools.org)

January 2023

Dear Families,

We are excited to welcome your family to a Diocese of Rochester Catholic School for the 2023-2024 school year! Whether you are returning or new to our system of Catholic Schools, we hope you are looking forward to another year of growing in faith, academics, and community.

In appreciation for the dedication of our current families, and to welcome more new families to our community, we are pleased to continue the Family Ambassador Program for the upcoming school year. Additional information can be found at [www.dorschools.org/ambassador](http://www.dorschools.org/ambassador). In continuing the Ambassador Program, we recognize the role that our current families serve in promoting our outstanding Catholic schools and value that support.

Together, our 16 diocesan schools welcome students in a variety of high-quality programs for students in Pre-Kindergarten through Grade 8. For more information about school locations and financial aid, please visit our website at [www.dorschools.org](http://www.dorschools.org) or contact the following schools directly:

**Holy Cross School, Charlotte**  
**Holy Family School, Elmira**  
**Seton Catholic School, Brighton**  
**St. Ambrose Academy, Rochester**  
**St. Agnes School, Avon**  
**St. Francis – St. Stephen School, Geneva**  
**St. Joseph School, Penfield**  
**St. Kateri School, Irondequoit**

**St. Lawrence School, Greece**  
**St. Louis School, Pittsford**  
**St. Mary's School, Canandaigua**  
**St. Mary Our Mother School, Horseheads**  
**St. Michael School, Penn Yan**  
**St. Patrick's Preschool, Victor**  
**St. Pius Tenth School, Chili**  
**St. Rita School, Webster**

The academic progress made in our Catholic Schools has been outstanding. In Spring 2022, our schools demonstrated 61% and 54% proficiency in ELA and Mathematics respectively on NYS Grades 3-8 exams. This outscored New York State by 14% in ELA and 15% in Math. Our skilled and certified faculty and principals continue to go above and beyond to offer students a transformative Catholic School education. We look forward to continuing our initiatives in teacher collaboration and personalized learning in the coming year, all while continuing to instill a Catholic worldview in our learners.

I firmly believe that a Catholic education is a gift that lasts a lifetime and wish to recognize our families who sacrifice to prioritize this gift for their children. We are grateful for your continued faithfulness and dedication.

May God bless you and your families,

*James Tauszel*  
*Superintendent of Schools*



Accredited by Middle States Association

# NEW STUDENT REGISTRATION RECORD -HOLY CROSS SCHOOL

**DIOCESE OF ROCHESTER**

**ELEMENTARY SCHOOLS**

Registration for: Holy Cross School

Date of registration: \_\_\_\_\_

Date of entrance into new school: \_\_\_\_\_

Grade level entering: \_\_\_\_\_

**Please print**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
                     *Last name*                    *First name*                    *Middle*

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Unlisted Yes \_\_\_ No \_\_\_  
                                     *Street*

\_\_\_\_\_ Public school district where student resides: \_\_\_\_\_  
                     *City / State / Zip*

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ **Birth certificate attached:**

*Please check all that apply*

American Indian or Black (not Asian/ White (not  
 Alaskan Native \_\_\_\_\_ Hispanic origin) \_\_\_\_\_ Pacific \_\_\_\_\_ Hispanic \_\_\_\_\_ Hispanic Origin) \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Street \_\_\_\_\_ City / Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

*Parent/Guardian (as you wish your name to appear on official communication)*

*Circle one*

M/M Mr. Mrs. Miss Ms. \_\_\_\_\_  
                                     *Last name*                                    *First*                                    *Mi*

Mailing address: \_\_\_\_\_ Phone \_\_\_\_\_  
                                     *Street*                                    *City/Town*                    *State*                    *Zip*

Medical insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Person to be contacted in case of an emergency if parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Student's religion: \_\_\_\_\_ Family registered in \_\_\_\_\_ Parish/Church

**Other children in the family: (Please print)**

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____



## FAMILY INFORMATION

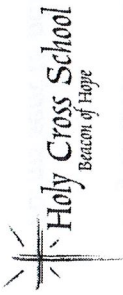
	Father	Mother <i>Maiden Name:</i>	Parent Substitute <i>Relationship:</i>
First			
Last			
MI			
Street			
City/Town			
State			
Zip			
Birthplace			
Year of birth			
Religion			
Citizenship (Country)			
Last grade of school completed			
Cell Phone Number			
E-Mail Address			
Occupation			
Company			
Business address			
Business phone			
Other language(s) Spoken in the home			
<b><u>Check any that apply</u></b>			
a. Married			
b. Deceased (give date)			
c. Divorced			
d. Separated			
e. Remarried			
f. Single			

Baptism	Date:	Church:	Location:
1 <sup>st</sup> Communion	Date:	Church:	Location:
1 <sup>st</sup> Penance Program	Date:	Church:	Location:
Confirmation:	Date:	Church:	Location:

### FOR OFFICE USE ONLY: VALIDATION OF RECORDS

Birth certificate: \_\_\_\_\_  
 Baptismal record: \_\_\_\_\_  
 Immunization record: \_\_\_\_\_





**DIOCESE of ROCHESTER HOLY CROSS SCHOOL 2023-2024**  
**Kdg-6th Registration (All families must complete this form)**

No Registration fee ends February 10, 2023  
If paid on or before February 17th \$25.00  
If paid on or before March 31st \$75.00  
If paid after March 31st \$150.00  
Non Refundable Registration Fee due at time of registration Check or Money

Parent/Guardian 1 (Please circle one—Mr. Mrs. Ms. Miss. Dr.)

Parent/Guardian 2 (Please circle one—Mr. Mrs. Ms. Miss. Dr.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Catholic ☐ Non-Catholic ☐ HCS Alumni Class of \_\_\_\_\_

Catholic ☐ Non-Catholic ☐ HCS Alumni Class of \_\_\_\_\_

Registered Parish: \_\_\_\_\_ City: \_\_\_\_\_

Registered Parish: \_\_\_\_\_ City: \_\_\_\_\_

Student Last Name	Student First Name	M / F	Date of Birth	Present School/ Grade	* Race	* H/NH	Does student have a current? IEP / 504 Accommodation Plan Yes / No	Grade in Sept. 2023

\* Race: AF-African-American, AI-American Indian/NA Native Alaskan, A-Asian, C-Caucasian, H-Hispanic, MR-Multi-Racial, NH-Native Hawaiian/PI Pacific Islander, Other (Specify above) \*\* H/NH Hispanic/Non-

Public School District you reside: Brockport \_\_\_\_\_, East Irondequoit \_\_\_\_\_, Gates \_\_\_\_\_, Greece \_\_\_\_\_, Hilton \_\_\_\_\_, Kendall, \_\_\_\_\_

Penfield \_\_\_\_\_, Rochester \_\_\_\_\_, Rush Henrietta, \_\_\_\_\_, Spencerport \_\_\_\_\_, Webster \_\_\_\_\_, West Irondequoit \_\_\_\_\_

Bus Form Request K-6th only: RCSD \_\_\_\_\_, Greece \_\_\_\_\_, Hilton \_\_\_\_\_, East Irondequoit \_\_\_\_\_, West Irondequoit \_\_\_\_\_, Other: \_\_\_\_\_





☐ Yes ☐ No    Need Before and After school care? (If yes, a separate registration form will be provided)

☐ Yes ☐ No    Check if applying for financial aid online through, FACTS must be completed by May 1st.  
\*Financial Aid considered for families with students in kdg-6th only.

## Important

*I understand it is the policy of Holy Cross School that family accounts must be kept current and paid by the appropriate dates agreed upon in the FACTS Management Program.*

*I agree to abide by the rules, policy and regulations adopted by Holy Cross School and set forth in various catalogs, publications, and mailings. I understand the above named student(s) disregard or violation of the rules and regulations of the school may be deemed cause for suspension or dismissal.*

Responsible Party (Please print): \_\_\_\_\_ Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party (Please print): \_\_\_\_\_ Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

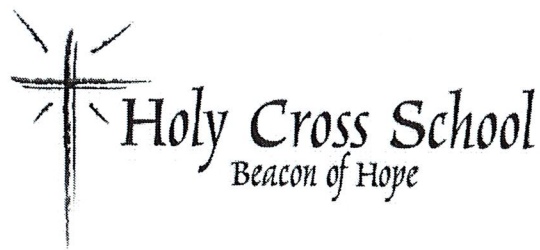
### Holy Cross School Principal's Approval

Principal Thomas J. Verzillo: \_\_\_\_\_ Date: \_\_\_\_\_ Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only!

Registration Paid Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ On-Line payment verified: \_\_\_\_\_

Forms sent to parents: \_\_\_\_\_ All forms received: \_\_\_\_\_ District code: \_\_\_\_\_ Start Date: \_\_\_\_\_



## **FINANCIAL AID PROCESS**

1. Make sure that you have completed your registration and paid all applicable fees associated with registration. Any financial aid application submitted to FACTS in which a completed registration has not been submitted will not be processed until the registration has been completed and all applicable fees are paid.
2. Complete your financial aid application on FACTS by going to <https://www.factsmgt.com> Please note that there is a \$30.00 application fee that you will have to pay in order to fill out an application for financial assistance on FACTS.
3. Once all financial aid documentation above has been obtained your financial aid application will be processed in accordance with the below financial aid table.

Income Level	Number of Children						
	* Percentage on table refers to the amount in which your tuition amount would be reduced.						
	1 Child	2 Children	3 Children	4 Children	5 Children	6 Children	7 Children
\$0 to \$15,000	50%	55%	60%	65%	70%	75%	80%
\$15,000 to \$30,000	40%	45%	50%	55%	60%	65%	70 %
\$30,001 to \$45,000	30%	35%	40%	45%	50%	55%	60%
\$45,001 to \$60,000	20%	25%	30%	35%	40%	45%	50%
\$60,001 to \$75,000	10%	15%	20%	25%	30%	35%	40%
\$75,001 to \$100,000	5%	10%	15%	20%	25%	30%	35%
\$100,001 to \$125,000	0%	0%	5%	10%	15%	20%	25%
\$125,001 to over	0%	0%	0%	5%	10%	15%	20%

4. Once your financial aid application has been finalized you will receive a letter in the mail or via e-mail with the determination amount of your financial aid.

**Questions:** Please direct any questions regarding the finalized aid process to Christopher Frontale by e-mail at [Christopher.Frontale@dor.org](mailto:Christopher.Frontale@dor.org) or TJ Verzillo at 585-663-6533 x 101 or email at [tj.verzillo@dor.org](mailto:tj.verzillo@dor.org)

**Note:** Anyone that receives financial assistance cannot also get the early payment discount. Additionally, all financial aid documentation must be obtained by the Holy Cross business office prior to the start of the school year in order to be eligible for all potential aid. Lastly, all financial aid is subject to final approval by the Pastor .

4488 Lake Avenue, Rochester, NY 14612

(585) 663-6533/Fax (585) 434-3972 /<https://hcrochester.org/> email: [hcdcs@dor.org](mailto:hcdcs@dor.org)





## 2023-2024 Billing and Collection Policies & Procedures for Holy Cross School

### Tuition Billing & Collection:

#### **Facts Payment Plan Options:**

1. Payment in Full (due July 1<sup>st</sup> or August 15) – in FACTS).
2. Semi-annual Payments (due August 15 and January 15)
3. Ten Monthly Payments (due the 1<sup>st</sup> or 15<sup>th</sup> of each month)

\*\*\*All FACTS start up fees are included in the registration fee.

\*\*\*Choose payment plan (either 1<sup>st</sup> or 15<sup>th</sup> of the month) to be billed via email or mailed paper invoice for the semi-annual or monthly payment plan.

\*\*\*The bill will be transmitted 15 days before payment due date.

\*\*\*Payments begin August 15, 2023

#### • **FACTS Payment methods: (to set up your billing plan)**

1. **No payments will be accepted at Holy Cross for the 2023-2024 school year. All payments must be made to FACTS.**
2. **If you registered for the FACTS payment plan in the past, you will automatically be renewed into the same payment plan for the upcoming school year.**
3. **If you registered for the FACTS payment plan in the past but wish to change your payment method, you need to go to: [online.factsmgt.com](https://online.factsmgt.com). You will need to put in your username and password from last year.**
4. **If you are new to FACTS and have never registered for a payment plan, go to: <https://online.factsmgt.com/Tmg/public/AgreementSignup.aspx?t=3KCXL>. This link is also posted to our website for your convenience.**
  - A. Monthly automatic bank debit (ACH)
  - B. Credit Card
  - C. Check or money order mailed directly to FACTS

**\*\*FACTS will charge a \$35 fee to an account for a “missed” payment (e.g. the return of a check, direct debit or credit card declined.**

### Delinquency

- Families **30 days past due** will be notified by FACTS and the Holy Cross Parish Finance Office as being **delinquent**.
- Report cards will not be distributed to students whose accounts are delinquent
- Families with an outstanding tuition and/or extended care balance **60 days past due** will be notified that the **student will not be allowed to attend classes** beginning the first of the following month.
- Holy Cross Parish will pursue every avenue to obtain tuition and extended care payment, including collection agencies and legal options. School records will not be released until the outstanding balance is paid in full, as well as any collection fees incurred.

### Parishioner Status

- New families are granted parishioner status by pastor authorization **ONLY. This is only for Kindergarten through Grade 6. We must have a signed Parish Commitment Form on file no later than August 15<sup>th</sup>.**
- It is the responsibility of the parent to resolve a discrepancy with the pastor.

### Refunds

- Registration fee is non-refundable
- If an account has a credit balance at the time of withdrawal, a refund check will be issued.

**NOTIFICATION OF FINANCIAL AID AWARDS WILL BE AVAILABLE IN JUNE.**

Dear Parents/Guardians:

The school office will no longer be accepting payments. Please see below on how you can make payments online. If you have any questions please call Gina Hill, in the parish office at 585-663-2244 ext 103.

## Make a Credit Card Payment Online

You can go to <http://holycrossrochester.org> click Online Giving & <https://giving.parishsoft.com/g3/> or just go directly to <https://giving.parishsoft.com/g3/>

You will see the below when you click the link to create your account. You can set up payments to come from either a bank account or credit card. Once you are logged in please choose the correct fund: school support, school extended care, school extended care registration, school tuition registration, etc. Please call the parish office 663-2244 if you are unsure of the fund.

Tuition payments need to be made through FACTS - 1-866-441-4637 or online at <https://online.factsmgt.com/signin/3GC84>

The screenshot shows the login interface for Holy Cross Parish's online giving system. The page has a header with the parish name and a navigation bar with a login prompt and a logout link. A left sidebar contains links for 'Give Now', 'Scheduled Giving', and 'My Account'. The main content area includes instructions for existing and first-time users, input fields for 'User Email' and 'Password', a 'Remember Me' checkbox, and a 'Login' button. A security certification logo is visible in the bottom right corner.

Holy Cross Parish

Login to Online Giving! Log Out

**Give Now**  
» One Time Donations

**Scheduled Giving**  
» Automatic Recurring Donations

**My Account**  
» My Info, Pledge & History

Existing users, please login below. If this is your first time donating online, please click the "First Time" link on your left.

User Email

Password [Forgot Password?](#)

☐ Remember Me

Login

pci Level 1 - Security Certified Provider



## REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

This Scholarship Fund was established under the Will of Reverend John A. Reddington. Under the terms of the Will, scholarship grants are to be based upon financial need to students in good standing.

Instructions for application for a Elementary, Middle, or High School scholarships  
(2022-2023 School Year)

Student's parent/guardian completes the 4 page application and forwards it to:

James Guido / Dario Saccente  
Canandaigua National Bank & Trust/CNB Wealth Management  
1150 Pittsford-Victor Road Suite A  
Pittsford, New York 14534

Attach to the application supporting documentation for income (copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services), and expenses, and form FAFSA (for graduating High School Seniors).

The pending recipient must provide CNB Wealth Management proof of school enrollment before payment is made, to be attached to application. Upon receipt of proof, payment will be made directly to the attending school.

Guidance counselor or dean completes the recommendation/comment form for graduating high school seniors or college students and forwards it directly to:

James Guido / Dario Saccente  
Canandaigua National Bank & Trust/CNB Wealth Management  
1150 Pittsford-Victor Road Suite A  
Pittsford, New York 14534

Deadline for POSTMARK/receipt of all forms is April 30, 2022 and incomplete applications will not be considered - NO EXCEPTIONS.

The scholarship committee will only consider those applications for families with a maximum yearly income of \$60K or less.

There is no limit on the number of times a student may apply for a scholarship as long as the financial need still exists and the student remains in good standing.

Notification of scholarships awarded will be made to the school and/or student by the end of June or July.

Checks for ½ of the total scholarship award will be mailed directly to each school on **August 15, 2022**, prior to the beginning of the first term, along with copies of the award letters indicating the scholarship winners. Checks for the remaining ½ balance of the scholarship award will be mailed directly to each school on **February 15, 2023**.



Application  
REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

**Student Applying for Assistance**

Last Name	First Name	Middle Initial	School Year	School	Incoming Grade
Address:		City	State/Zip	Social Security #	Date of Birth

Any relationship to Father John A Reddington? No ☐ Yes ☐ If yes, please specify relationship \_\_\_\_\_

**Family Information**

☐ Father / ☐ Male Guardian Information

Last	First	Occupation
Address: # & Street		City/State Zip
		Home Phone ( )
Place of Work		Work Phone ( )
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

☐ Mother / ☐ Female Guardian Information

Last	First	Occupation
Address: # & Street		City/State Zip
		Home Phone ( )
Place of Work		Work Phone ( )
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

**Dependents for Income Tax Purposes**

Name	Age	School Attending in Fall

# REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Other dependents and their ages cont'd (attach additional sheet if needed)


## Tuition and Expense Information

Tuition for upcoming school year	\$
Less scholarships & other assistance	\$
Books (estimate)	\$
Room & Board	\$
Travel Expense (estimate)	\$
Total	\$

## Financial Information Attach copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services

Family Gross Income for Prior Year (before deductions or taxes)	
Earned income for father/male guardian	\$
Earned income for mother/female guardian	\$
Earned income for applicant	\$
Other Non-Taxable Income	
Worker's Comp	
Unemployment Benefits	
Disability Benefits	
Social Security	\$

# REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

## Financial Information Cont'd

Other Non-Taxable Income cont'd	
Child Support	\$
Alimony	
Welfare ADV	\$
Rent Subsidy	\$
Etc.	
Other Sources of Tuition Assistance	
Scholarships	\$
Gifts	\$
Total Income	\$
Other Liquid Assets	
Bank Accounts	\$
Stocks	\$
Bonds	\$
Etc	\$
Total Other Assets	\$



# REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

## Family Medical/Dental Expenses Not Covered By Insurance Please supply supporting documentation

List and describe	Do you anticipate the same level of expenses for the up coming year Yes or No If no please give estimate

## Special or Unusual Circumstances for Consideration List and describe


I declare that the information on this form is, to the best of my knowledge, correct and complete. I agree, if necessary, to send additional information to support statements on the form.

Male Head of Household Signature

Female Head of Household Signature

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Dear Guidance Counselor:

\_\_\_\_\_ (student) has applied for the John A. Reddington Scholarship,  
administered by CNB Wealth Management. Please supply your  
recommendation/comments for this Scholarship directly too:

James Guido / Dario Saccente  
CNB Wealth Management  
1150 Pittsford Victor Rd Suite A  
Pittsford, NY 14534

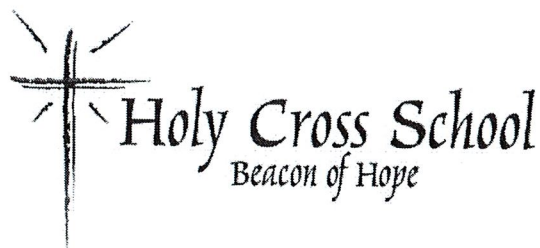
Recommendation/Comments:

Is this individual working at or toward his/her potential?

\_\_\_\_\_  
Signed: Guidance Counselor

\_\_\_\_\_  
School

\_\_\_\_\_  
Date



**Diocese of Rochester/Holy Cross School**

**Video/Recorded Voice/Photography Model Release**

I hereby give and grant to the Diocese of Rochester/Holy Cross School the absolute and unconditional right to use, publish display, and/or reproduce in any manner, video/recorded voice/photographs, in which my son/daughter appears. This permission includes the right to edit or use a portion of such video/recorded voice/photographs that positively promotes the image and benefits of Catholic school education through educational, public-relations materials and/or the Diocese of Rochester/Holy Cross School website.

I hereby waive any right, to inspect or approve the finished video/recorded voice/photographs, or any finished materials, copy or other matter, which may be used in conjunction with, or the manner, in which any of the same are used, reproduced, published, or displayed.

I further release the Diocese of Rochester/Holy Cross School from any liability whatever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice/photographs, and agree that the Diocese of Rochester/Holy Cross School shall by the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographed in its own name, and may grant to others permission to use them.

I further understand that my family will not receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my child's person in any way.

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (2023-2024) School Year \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Since the above-named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below.

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





BUILDING A BRIGHTER FUTURE SCHOLARSHIP

[dorschools.org/scholarship](https://dorschools.org/scholarship)

## Application Instructions

1. Go to [online.factsmgt.com/aid](https://online.factsmgt.com/aid).
2. If *new parent* to the Diocese of Rochester Catholic Schools network, create an account by setting up a username and password with your information. If *existing parent* at one of our 16 Diocesan schools, use your current FACTS credentials.
3. Select the *2022-2023 term*.
4. Review the FACTS platform information. Please note, the \$35 application fee for the Building A Brighter Future Scholarship will be waived upon emailing [scholarship@dor.org](mailto:scholarship@dor.org) near the end of the application process.
5. Select *Begin Application*.
6. Click *Add School / Organization*.
7. Type in the search box *Building a Brighter Future Scholarship*. Select the checkbox and click *Add*.
8. Click *Save & Continue* to proceed with completing the application.

Under the STUDENT section of the application:

- Enter students grade level for 2022/2023 School Year
  - Enter \$1 in the box for: Tuition
  - Enter \$1 in the box for: How much of this child's tuition can you and/or the co-applicant pay?
  - Enter \$1 in the box for: Annual tuition support required from this child's non-custodial parent as a result of legal separation, etc.
9. Continue completing all application sections.

10. The **ADDITIONAL QUESTIONS** section will prompt you to email [scholarship@dor.org](mailto:scholarship@dor.org) with a short message to request the application fee to be waived. Copy and paste the email messaging provided in the application to get your email request started.
11. Await a return email regarding the waiving of your application fee. Expect a response within 1-business day of your initial email.
12. Upon receipt of a return email, continue finalizing the application by uploading your tax documents and reviewing your submission.
13. A Department of Catholic Schools representative will be in contact with you regarding your Building A Brighter Future Scholarship application and next steps with the school at which your current student(s) is enrolled at, or new student(s) may be enrolled.





## Referral Form

Date of Referral: \_\_\_\_\_

Referring Parent/Guardian Name: \_\_\_\_\_  
(Print Current Family Name)

\_\_\_\_\_  
(Signature)

Referring Parent/Guardian School: \_\_\_\_\_  
(Print Current School Name)

Referred Family Name: \_\_\_\_\_ who is registering  
(Print Referred Family Name)

at \_\_\_\_\_ in \_\_\_\_\_ grade.  
(School Name) (Grade – PreK-8)

\_\_\_\_\_  
(Signature of Principal)

\_\_\_\_\_  
(Date)

☐ Referring Family:  
W-9 Received

☐ Newly Enrolled Family:  
W-9 Received

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see Instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Church/Parish: \_\_\_\_\_

School Year: 2023-2024

## FAMILY/CHURCH COMMITMENT FORM

### CATHOLIC SCHOOLS FOR NEW FAMILIES ONLY

Catholic education recognizes parents as the primary educators of their children. When parents make the choice of a Catholic school, they enter into a partnership in the education and formation of their children. This partnership becomes most effective when the formal education that takes place in the school is reinforced and witnessed in the home. This is particularly true in regard to the faith formation of children, where it is reasonable to expect that the Gospel values espoused in the Catholic school are actively lived out in the home.

The **Family/Church Commitment Form** represents the formal expression of the intent of parents and parishes to join in active partnership in the formation of their children. Parents, as primary educators commit to:

1. Formal registration in a parish or church
2. Regular church attendance; and
3. Spiritual, personal and financial support of the parish or church.

Catholic parishes, in turn, commit to the spiritual support of member families in the education/formation of their children, as well as support of Catholic Schools. Non-Catholic churches are asked to make a moral commitment of support of the family's efforts to educate their children.

It is understood that the vast majority of parents with children in Catholic schools are already meeting and/or exceeding the above expectations. The completion of this form for these families serves as an affirmation of that commitment and participation in parish life.

Parent Name(s)(as registered in Parish/Church) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child(ren)'s Name(s)	School (as of next September)	Grade (as of next September)
	Holy Cross School, Rochester, NY	
	Holy Cross School Rochester, NY	
	Holy Cross School, Rochester, NY	
	Holy Cross School, Rochester, NY	

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#### Family Commitment:

I/we understand that our role as primary educator calls us to be active in the life of our parish and school. This involves formal registration in the parish, regular attendance, and financial support to the extent that family circumstances allow.

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

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#### Church Commitment:

This family is recognized as members of our faith community, and will be supported in their desire for a Catholic school education.

Pastor or Delegate Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

HCS Office Received: \_\_\_\_\_ Date: \_\_\_\_\_

Holy Cross School Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_