



DIOCESE of ROCHESTER HOLY CROSS SCHOOL 2024-2025

Kdg-6th Registration (All families must complete this form)

Registration Fees

January 10—February 2nd: \$50.00

February 2nd—March 30st—\$100.00

After April 1st - \$150.00

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

Name: _____ Relationship: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

E-Mail Address: _____

Catholic Non-Catholic HCS Alumni Class of _____

Registered Parish: _____ City: _____

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

Name: _____ Relationship: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

E-Mail Address: _____

Catholic Non-Catholic HCS Alumni Class of _____

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. 2024 |
|-------------------|--------------------|-------|---------------|-----------------------|--------|--------|--|---------------------|
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* 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:** _____