



For Office Use
 HF ID Number: _____
 Family Code: _____

2018–2019 Family Registration Form New Student(s) Information

Family Last Name			
Home Address		Mailing Address	
City, State ZIP		City, State ZIP	
Phone Number			
County (if Iowa resident)			
Public School District (in Iowa)			

Student Information

	Student 1	Student 2	Student 3	Student 4
First Name				
Middle Name				
Last Name				
Date of Birth				
2018-2019 School Site				
2018-2019 Grade				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last School Attended				
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Parish				
Baptism Date				
Baptism Parish–City				
Reconciliation Date				
Reconciliation Parish–City				
First Eucharist Date				
First Eucharist Parish–City				
Confirmation Date				
Confirmation Parish–City				

- Yes, I currently have other children in the HFCS K–12 system.
 No, I currently do not have other children in the HFCS K–12 system.
 I previously had children in the HFCS K–12 system.

Parent Marital Status

The marital status of the student’s parents is: Married Single Divorced Separated
 If parents are separated or divorced, who has primary care of the child? Mother Father
 If parents are separated or divorced, custodial arrangement is: Sole Joint

For Office Use Only: Non-refundable registration fee (\$50 per child) paid by: Cash <input type="checkbox"/> Check # _____ Amount Paid _____ Date and Time Received _____ School site: _____ Birth certificate attached (required for kindergarten and new students)? Yes <input type="checkbox"/> No <input type="checkbox"/> Baptismal certificate attached (required for kindergarten and new students)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Information

	Contact 1 (where student resides)	Contact 2
First Name		
Last Name		
Relationship		
Address		
City, State Zip		
Home Phone Number		
Cell Phone Number		
Employer		
Work Phone Number		
Email Address		
Student Lives With?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive extra mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Pick-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Complete and attach noncustodial form if applicable

Emergency Contact Information (other than Contact 1 or 2 listed above)

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
First and Last Name			
Relationship			
Preferred Phone Number			
Preferred Phone Number Type	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Other Emergency Information

Hospital Preference	
Doctor	
Doctor Phone Number	
Dentist	
Dentist Phone Number	

I agree to pay all costs and fees contingent on any emergency medical or dental care for my child secured or authorized under this consent. I understand that every effort will be made to notify me immediately in case of emergency.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

TERMS AGREEMENT

By sending my child(ren) to Holy Family Catholic Schools, I agree that all tuition monies due will be paid by the end of each school year. Installment payments are due within twenty (20) days of statement dates. I understand that nonpayment of my tuition will cause hardship on Holy Family and as such should I not have paid all of my outstanding tuition, Holy Family may seek any and all legal remedies available to them to secure payment. This may include sending my account to a collection agency.

If noncustodial parent/party is responsible for all or part of tuition, I will provide divorce or other court documents to prove who is responsible for tuition other than myself.

I will contact the Holy Family central office at 563 582-5456, Ext. 283, if tuition is being paid by a party other than contact 1 and/or 2.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____