

# Registration Form 2017-2018

## Enrollment Agreement for TK/Kindergarten – Grade 8



### HOLY FAMILY CATHOLIC SCHOOL

1945 Coolidge St. SD, CA 92111 \* Tel. (858) 277-0222 \* Fax. (858) 277-0224 \* Email: School@onehollyfamily.org \* Website: School.Onehollyfamily.org

For Office Use Only	
<input type="checkbox"/>	Complete and Signed Enrollment Agreement
<input type="checkbox"/>	Date Rec'd by office _____
<input type="checkbox"/>	Registration payment amount _____
<input type="checkbox"/>	Cash <input type="checkbox"/> Card <input type="checkbox"/> Check # _____
<input type="checkbox"/>	SMART On-line Registration complete _____

Family's LAST NAME: \_\_\_\_\_ Current Parish: \_\_\_\_\_

### Student(s) to be enrolled in TK/Kindergarten - Grade 8 at Holy Family School for the 2017-2018 School Year

1. Full Name: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ DOB: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ DOB: \_\_\_\_\_
4. Full Name: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ DOB: \_\_\_\_\_

### PLEASE PRINT CLEARLY: (For mailing and billing purposes)

Student lives with:  Both parents  Father  Mother  Grandparent(s)  Guardian

Parent/ \_\_\_\_\_  
Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/ \_\_\_\_\_  
Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_

### TUITION CATEGORY: Base rate before discounts/scholarships (Please check)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 child, \$5,100.00 per year     | <input type="checkbox"/> 1 full payment (Due by 8/1/2017)                                  |
| <input type="checkbox"/> 2 children, \$8,190.00 per year  | <input type="checkbox"/> 2 semi-annual payments (Due by 8/1/2017 and 1/1/2018)             |
| <input type="checkbox"/> 3 children, \$10,250.00 per year | <input type="checkbox"/> 10 equal monthly payments (Due each month August 2017 – May 2018) |
| <input type="checkbox"/> 4 children, \$12,310.00 per year |  |

### COMPLIANCE POLICY

I/We, the undersigned, do hereby agree to comply with all policies and regulations of the Diocese of San Diego and Holy Family School.

I/We have read and agree to abide by all the terms and commitments of this Enrollment Agreement and Policies. I/We understand that my/our family's compliance with this agreement will be reviewed annually to determine eligibility for enrollment for the subsequent year. Failure to abide by the terms of this agreement may result in our student(s) not being invited back to the school.

\_\_\_\_\_  
Father/Guardian Name - Please Print

\_\_\_\_\_  
Mother/Guardian Name - Please Print

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

Please return this original form with the family registration payment to the HOLY FAMILY SCHOOL office.