

ONE FAMILY . . . UNITED IN CHRIST

Application for Admission 2023-2024 Grades 1-8 Checklist

To complete the application process, please note the following:

Content and check off list:

Instructions, p 2
☐ Holy Family School Application Form
☐ Tuition Payment Preference Worksheet
☐ Admissions Teacher Recommendation Form (Entering Grades 1-8)
☐ Information Regarding Legal Custody Form☐ Custodial papers (if applicable)
□ Release of School Records Form
In addition to the above completed forms:
□ Non-refundable Registration Fee \$200 Per Student
☐ Immunization Record (copy of immunization booklet)
☐ Birth Certificate (copy only)
☐ Baptismal Certificate (copy only)
☐ Church envelope (or provide church membership id#)
☐ Copy of current report card
☐ Copy of recent standardized test scores
☐ Copies of evaluations IEPs or other reports



Application for Admission 2023-2024 – Instructions

If you have any questions in the completion of the admissions application, you are welcome to call Katrine Franklin at 330.688.6412 or email kfranklin@holyfamilyschoolstow.org

Please return the **COMPLETED APPLICATION** to Holy Family as soon as possible. We will verify receipt of your completed application BY EMAIL.

Holy Family School Application Form: Please complete as thoroughly as possible.

Tuition Payment Preference Worksheet: Please complete.

Admissions Teacher Recommendation Form: Applicants entering Grades 1-8, please complete the first section and submit it to your child's current teacher with a stamped envelope addressed to Holy Family School, 3163 Kent Rd. Stow, Ohio 44224.

Information Regarding Legal Custody Form: Please complete as thoroughly as possible. If applicable, please include current custodial papers.

Release of School Records Form: Please return this form to Holy Family School, *not* to your child's current school. We will process it.

Immunization Record: Please provide us with a copy of your child's immunization booklet.

Application does not guarantee enrollment. We may not be able to accommodate all students who apply.

Informational Pieces: Tuition Policy Volunteer *Virtus* Guidelines Admissions Guidelines Faith Direct Enrollment Form



APPLICATION FORM

STUDENT INFORMATION

Date of Application:	Entering PreK: ☐ Prek3-2 ☐ Prek3-3 Entering Grade: ☐ K, ☐ 1, ☐ 2, ☐ 3,	•
Student First Name:	Middl	e Name:
Student Last Name:		
Student Address:		
City:	State:	Zip:
Student Sex: Student	dent Date of Birth://	<i>y</i>
Student Birthplace:(City, S	itate, County)	
•	•	iic □Multiracial wn/Other □Do Not Wish to Disclose
Religious Affiliation:	Parish:	
Baptism Date:	Parish:	
Reconciliation Date:	Parish:	
Communion Date:	Parish:	
Previous School:	Phor	ne:
Previous School Address:	(Street, City, State)	
Public School District and name	of public school student would attend: (ex: Sto	ow-Munroe Falls, Fishcreek Elementary)
District Name	School Nam	e
	Page 1 of 3 - Please complete all pages_	

PARENT/LEGAL GUARDIAN INFORMATION

Student resides primarily with:	n parents
FIRST PARENT OR GUARDIAN:	☐ Father ☐ Mother ☐ Legal guardian
Full name:	MIDDLE LAST
Maiden name:	Is parent a Holy Family School alumnus/a If yes, class year
Address:(If different from student's)	
Home# ()	Cell# ()
Email	
Education: □High School Graduate □	College Non-Graduate
Place of Work	Work#
Occupation/Title:	
Religious Affiliation:	Parish:
SECOND PARENT OR GUARDIAN:	
Full name:	MIDDLE LAST
Maiden name:	_ Is parent a Holy Family School alumnus/a If yes, class year
Address:(If different from student's)	
Home# ()	Cell# ()
Email	
Education: □High School Graduate □	College Non-Graduate □ College Graduate □ Beyond College
Place of Work	Work#
Occupation/Title:	
Religious Affiliation:	Parish:
	Page 2 of 3 - Please complete all pages

Other children in the family/list name & birth dates:		
Name	Birth date	
Name	Birth date	 ,
Name	Birth date	 :
Name	Birth date	
Name	Birth date	
Language Spoken at Home:		Y SCHOOL ALUMNI:
Name	Relationship	Class Year
Name	Relationship	Class Year
Name	Relationship	Class Year
Page 3 of 3 - Ple	ease complete all pages	



2023 - 2024

Holy Family Parishioner Stewardship Tuition Rate Guidelines

Kindergarten – Grade 8

To qualify for Holy Family Parishioner tuition rates each family must be a registered member of Holy Family Parish.

Holy Family Registered Parishioner Tuition Rate

	TUITION	PC CREDIT	ADJUSTED TUITION
1 Child	5,150	75	5,075
2 Children	9,530	150	9,380
3 or more Children	13,520	225	13,295

Non-Registered/Non-Parishioner Tuition Rates

	TUITION	PC CREDIT	ADJUSTED TUITION
1 Child	6,390	75	6,315
2 Children	11,640	150	11,490
3 or more Children	16,840	225	16,615

Please note: A *non-refundable* Registration Fee of \$200 per child is *REQUIRED* (regardless of scholarship) at time of registration to reserve your student(s) placement for the 2023-2024 school year. Failure to remit the registration fee with your registration form will constitute an incomplete registration and your student(s) placement for the 2023-2024 school year will not be held until payment is received.

PAYMENT PLANS

- 1. One Payment Plan Families who pay tuition in full by May 31, 2023 will receive a 2.00% discount on net tuition.
- 2. One Payment Plan Full payment by August 1, 2023. No discount.
- 3. **F.A.C.T.S. Monthly Payment Plan** Budgeted 11 months through automatic withdrawal from checking or savings account (July 2023 through May 2024). Details handled by F.A.C.T.S.

Tuition Payment Preference Worksheet

Please return to school by February 15, 2023

	Parent/Family Last Name
	# of K-8 Students (Please circle one): 1 2 3 or more Payment Options (Please circle one):
	1 - Payment in full by June 1 st . 2% Discount Applied.
	2 - Payment in full by August 1 st .
	3 - FACTS monthly payment plan
\ \	-Tuition Credit Options (Please check your option):
	YES, I would like to have my Parents' Club Tuition Credit applied to the following: - Holy Family School Endowment (The Endowment supports HFS students who show financial need by providing scholarships and tuition assistance.) - HFS Technology Fund (These monies are used to ensure the HFS campus is technologically updated, providing chrome books, smart boards, computers when upgrades are needed.) - HFS Facilities Maintenance (This fund supports upgrades and maintenance to HFS building and grounds.) I would like the HFPC Tuition Credit reflected in my tuition.
FACT	rs Returning FACTS families
, Yabaad	Holy Family School will re-enroll families who are already enrolled the FACTS system. Please indicate below your selection for the Peace of Mind (POM) Benefit: The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals under age 70.
	Yes, please reenroll/enroll me in POM. I agree to pay the \$22.50 non-refundable annual fee, per agreement. No, please do not enroll me in POM.
	FACTS will communicate to you via email or postal mail (option you selected) within their system once re-enrollment is completed.
FACT	Attention families NEW to the FACTS program
	Please enroll by clicking on the FACTS logo found on the Holy Family School website, <u>www.holyfamilyschoolstow.org</u> by March 1 st .
-	Families with PRESCHOOL students Families with preschool students enrolled in the Holy Family School Preschool program. If you would like to utilize the FACTS system to pay for preschool please complete the following:
1	Student Name:
	Preschool Class:2 Day ~ 3 year program3 Day ~ 3 year program5 Day/All day ~ 4/5 program



Candidate's Full Name	ndidate's Full Name Current Grade:		
I give the signing teacher permission to fill or information about my child. Parent signature:	ut the teacher	recommendation form and to share	
Teacher if The above named candidate is applying for teacher from the most recent school year tability. Please mail this completed form to Teacher completing form What subjects do you currently teach the candidate is applying form.	o please comp Holy Family S	Holy Family School. We are asking a lete this form to the best of his or her chool, 3163 Kent Road, Stow 44224.	
Please rate the student using the scale provided. For responses lower than 3, please comment. Attitude	1= poor 3= average 5= excellent	Comments	
Acts Responsibly			
Attendance			
Social Skills			
Respectfulness			
Initiative		AND THE CALL OF TH	
Ability to keep commitments/meet deadlines			
Punctuality			
Leadership Potential			
Results Oriented			
Maturity			



	ure		Date	
		Recommend	se circle one): Recommend with reservation	
2.	·		ns been made that should contin ne, preferential seating, etc.)	ue to facilitate this
	1			
1	Has the student be	en disciplined for	r a severe infraction? If yes, plea	se explain.



INFORMATION REGARDING LEGAL CUSTODY to be completed as part of the registration/re-registration agreement

Date:		
Child's Name:	Gra	ade in 2023-2024
Address of child's resid	ence:	
	both parents mother as cu father as custodial parent grandparent(s) (with legal custody) other. Please explain:	stodial parent
Residential parent/guar	rdian:	
Address: City, Zip: Phone: Email Address: Is there a court order (Please attach a certified	or pending order) affecting the custody and/od copy of the entire custodial agreement includitation rights and contacts with the school. A	or residency of the child? ding the case number and those
judge's signature and o of registration of the ch	ourt seal. This copy should include any and a hild in this school. It is also the responsibility difications during the child's tenure at the scho	all modifications made as of the date of the parents to inform the principa
Non-residential parent:		
Address: City, Zip: Phone:		

Does the non-residential parent have visitation rights?

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities?

Is the non-residential parent responsible for paying tuition?

(A complete copy of the school's procedures dealing with family custody situations is included in the school handbook.)



CONSENT FOR RELEASE OF RECORDS TO HOLY FAMILY SCHOOL

By my signature, I,		, as par	ent or legal guardian
Name of pare	ent/guardian	* joe j. \$2	
of	whose d	ate of birth is	
Name of student			Date of birth
give permission to the principal of			School
•	Sc	hool Name	
Address	City,	State	Zip
to release the following school record	s of		to
Please release the following school rectransferring to our school: Grades and acade Attendance record Medical records (i Birth Certificate Standardized Test Disciplinary record IEP/ETR/Accomme	emic records ds ncluding he ling results (ds	aring and vision) (MAP, State tests	, etc.)
		The state of the s	-
Parent	Đai	e	

phone 330.688.3816 fax 330.688.3474 www.holyfamilyschoolstow.org