

**STUDENT REGISTRATION FORM**  
**HOLY FAMILY SCHOOL**

221 Third Avenue Phoenixville, PA 19460

610-933-7562 [www.myholyschool.org](http://www.myholyschool.org)

**APPLICATION FEE DUE AT REGISTRATION: \$150.00/one child ~ \$200.00/two children ~  
~ \$250.00/three children ~ \$300 maximum registration fee per family**

**Registering for: Preschool-3 or Pre-K4 (2-day 3-day 5-day Full day) K (Full, AM) 1 2 3 4 5 6 7 8**

**STUDENT'S NAME:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**PARISH** \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Religion \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Child resides with: Both parents \_\_\_\_\_ \*Mother \_\_\_\_\_ \*Father \_\_\_\_\_ \*Other \_\_\_\_\_

\*If the child DOES NOT reside with both NATURAL/ADOPTED PARENTS, you must provide the information requested on the Child Custody Information form.

**Transportation: to school:** Bus ~ Car ~ CARES ~ Walker ~ **from school:** Bus ~ Car ~ CARES ~ Walker

**Family Directory:** Holy Family School publishes a Family Directory each year on-line. Please indicate below whether you give permission for Holy Family School to publish:

Family Names Yes \_\_\_\_\_ No \_\_\_\_\_

Family Telephone Number Yes \_\_\_\_\_ No \_\_\_\_\_

Family Address Yes \_\_\_\_\_ No \_\_\_\_\_

Family Email Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS.** State law authorizes the loan of textbooks by the Sec. of Education to children enrolled in non-public schools. The law requires a parent request a loan of textbooks and instructional materials by signing this form. By signing below, I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child attending Holy Family School.

*The parents/guardians commit themselves in writing to accept and to promote the philosophy, goals, objectives and regulations of Holy Family School as set forth in the handbook and the Acceptable Use Policy. The parents/guardians agree in writing to permit their child to attend Religion classes and Religious functions that are offered as part of the school program.*

**Parents' Signatures:**

\_\_\_\_\_

**FAMILY REGISTRATION FORM**  
**HOLY FAMILY SCHOOL ~ (Page 2 Family Information)**

**NOTE: All families should fill out this page ONCE regardless of the number of children registering.**

**FAMILY NAME:** \_\_\_\_\_

**STUDENT NAME(S):** \_\_\_\_\_  
*(Please list each child registering at HFS.)*

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Public School District of Residence: (CIRCLE ONE)**

GREAT VALLEY ~ OWEN J ROBERTS ~ PHOENIXVILLE ~ SPRING-FORD ~ OTHER: \_\_\_\_\_

**Parents' Marital status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact E-mail** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Maiden last name** \_\_\_\_\_

**Religion** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact E-mail** \_\_\_\_\_

**EMERGENCY CONTACT**

An emergency may constitute illness of child, early dismissal due to snow or other unforeseen circumstances, or a Limerick nuclear incident (see the school handbook.). In case of an emergency when parents can not be contacted, I authorize that the following individuals be notified and give them permission to pick up my child from Holy Family School or at the emergency evacuation sites.

Name	Telephone Number	Cell Phone	Relationship

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**TUITION WILL BE PAID (Please circle one):**

- |  |  |   |
|--|--|---|
| <b>1. Yearly by July 1</b><br>(No SMART fee) | <b>2. Semi-annually by July 1/January 1</b><br>(through SMART with \$20 fee) | <b>3. Monthly (July-April)</b><br>(through SMART with \$35 fee) |
|--|--|---|

*Our signatures also indicate we accept and will comply with our financial responsibility, understanding that all installment payment plans MUST be processed through SMART and recognizing that tuition must be paid in full before the final report card will be issued. We also understand that we have the obligation to promptly contact the school office with regards to any changes in status (address, emergency contacts, etc.).*

**Parents' Signatures:** \_\_\_\_\_