



Mark C. DeMareo, Ed.D.  
PRINCIPAL

40 Rumson Road  
Rumson, NJ 07760  
Tel: 732-842-0348  
Fax: 732-741-3134

---

**Holy Cross Academy Student Registration Form  
2019 – 2020 School Year  
Kindergarten – Grade 8**

*Please complete these forms and return to the school office along with a non-refundable registration fee of \$200 per child, payable to Holy Cross Academy by March 15, 2019. (\$300.00 after this date) Please also include a copy of the following forms: Birth Certificate, Baptismal Certificate, Copy of most recent report card and standardized test results.*

Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Family E-mail: \_\_\_\_\_

Child's Name:	Gender: M/F	Date of Birth	Grade (2019-2020)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother's Name: \_\_\_\_\_ Fathers' Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

**A. TUITION: (PLEASE CHECK ONE):**

- Tuition will be paid in full by July 1, 2019  
 Tuition will be paid through the Smart Tuition Plan

**B. REQUIRED PTA COMMITMENT (For the school's 2019-2020 operating budget) (PLEASE CHECK ONE):**

- I have attached a \$300 check for the PTA Commitment (If paid BEFORE March 15, 2019)  
 I have attached a \$350 check for the PTA Commitment (Due by 9/1/2019)  
 I am using the SCRIP/Grocery Magic programs to meet/exceed my \$350 PTA Commitment for this year's school operating budget. I agree to pay any balance not met by May 31, 2020. (If you are NOT active in SCRIP by 12/31/2019, your balance of \$350 is due by 1/1/2020)

**CHECKS MADE PAYABLE TO: Holy Cross PTA**

**C. REGISTRATION AGREEMENT: (PLEASE CHECK ALL)**

- I believe that Holy Cross meets the needs of my child and agree to follow and support all policies and procedures of the school and the faculty/staff employed at Holy Cross Academy.  
 I have read and agree to the tuition policy on page two of this form.  
 I understand that, in addition to the financial PTA Commitment, each family is required to give 10 hours of service to any of our PTA committees or events.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Today's Date

## Holy Cross Academy Student Registration Form, Page 2

### TUITION POLICY:

#### Standard Tuition Rate or Participating Family Rate:

The Diocesan Office of Catholic Education states that a participating family is one that is actively involved in the life of the parish as demonstrated by attendance at Mass each weekend, financial support through regular use of the weekly envelope or on-line contribution, and volunteer service of time and talent to Holy Cross. Families who request the reduced tuition rate are asked to attest to their commitment to these principles. After an annual assessment of evidence supporting the same, the reduced tuition may be granted. Please note that the actual cost to provide your child with an excellent Catholic education is approximately \$10,000.00; however, due mainly to the generosity of the Parish and the PTA, the school can maintain a reasonable tuition rate.

#### Tuition Payments:

Families are enrolled with SMART Tuition Management regardless of how tuition is paid. There are three methods of payment for the annual tuition. Payment plans must begin no later than July.

1. **Full Payment.** Under this plan the entire amount of tuition is paid on or before July 1st. This payment may be made directly to the school office or through SMART Tuition Management (enrollment fee is waived).
2. **Monthly Payments.** Under this plan the tuition is paid monthly (10 equal payments), Quarterly (4 equal payments) or Bi-Annually (2 equal payments) through the SMART Tuition Management Plan. These plans are an automatic payment plan made through your checking or statement savings account or via credit card. Those under these plans authorize SMART to deduct through their financial institution or charge their credit card automatic payments. SMART charges an annual enrollment fee of \$50.00. There is a 2.85% convenience fee for credit card use.
3. **One Time Credit Card Payment.** Under this plan the entire amount of tuition is paid through the SMART Tuition Management Plan. This plan is an automatic payment made through your credit card. Those under this plan authorize SMART to deduct a one-time credit card payment. There is a 2.85% convenience fee for credit card use.

**Delinquent Payment:** Payments are considered delinquent when they are more than five days in arrears. When this occurs, a reminder is sent by SMART and the finance office. Failure to respond within an additional five days may result in the student(s) being asked not to report to school until the tuition is brought up-to-date. Holy Cross Academy reserves the right to use collection agencies and other legal means to collect unpaid tuitions.

Non-payment of tuition and fees, or the delinquency in their payment, may result in the following action:

Account will be sent to an attorney or collection agency, the cost of which, including all collection costs, agency fees, attorney fees and court costs, is the obligation of each parent, in addition to all amounts owed. The Academy may also elect to report such non-payment or delinquency to credit reporting agencies.

**Delinquent Tuition from Previous Years:** any unpaid tuition from previous years prevents re-enrollment in Holy Cross Academy. Under these criteria a parent must pay all previous outstanding fees prior to enrollment.

**Any student delinquent in payments of any type will not receive report cards, transcripts, letters of recommendation, or be allowed to participate in class trips and other extracurricular activities including graduation ceremonies from Holy Cross Academy.**

#### Refunds:

- 1.) If you are paid in full or have made a payment prior to July 14<sup>th</sup> and you withdraw before July 14<sup>th</sup>, you receive a full refund.
- 2.) If you withdraw your child between July 14<sup>th</sup> and the opening of school in September, one month's tuition will be withdrawn. This applies to whether you have paid in full or made monthly payments over the summer.
- 3.) If you withdraw after the 14<sup>th</sup> of the month during the school year, you will be responsible for one additional full month's tuition. If you withdraw on or before the 14<sup>th</sup> of the month, you will be responsible for that current month. Excess tuition balances will be refunded.

I have read the above Tuition Policy:

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature & Date

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

2019 – 2020 SCHOOL YEAR

DATE: \_\_\_\_\_

**Public School District:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Non-Public School:** HOLY CROSS SCHOOL  
  
40 RUMSON ROAD  
  
RUMSON, NEW JERSEY 07760

**Name of Pupil:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the

\_\_\_\_\_ (name of Public School District) to loan textbooks to  
HOLY CROSS SCHOOL (**non-public school**) in which my child is enrolled. I certify that my  
above named child and I are residents of the State of New Jersey. I understand that the board of  
education of the public school district in which the non-public school is located with state funding  
is responsible for providing the loan of textbooks to non-public school pupils pursuant to law and  
regulations.

Signature Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

Please submit a separate application for each child to the private school

SCHOOL YEAR 2019-2020 RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
AREA CODE + NUMBER

HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF SCHOOL TO BE ATTENDED Holy Cross School PHONE 732-842-0348

ADDRESS OF SCHOOL 40 Rumson Road, Rumson, NJ 07760

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_ (MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS September 2019 CLOSES June 2020 SCHOOL HOURS FROM 8:00 MILES TENTHS AM TO 2:30 PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED \_\_\_\_\_ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

\_\_\_\_\_ INELIGIBLE \_\_\_\_\_ (REASON)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

- IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:
    - ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

    - IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
    - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
    - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.
  - IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.
  - IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.
- A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.



## Diocese of Trenton Permanent Record Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Gender: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Registered Parish: \_\_\_\_\_ Address: \_\_\_\_\_

Admitted from: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Baptism date: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State Zip \_\_\_\_\_

First Penance date: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State Zip \_\_\_\_\_

First Eucharist date: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Confirmation date: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship of guardian to student: \_\_\_\_\_

### Siblings:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_



---

**Non-Consent for Use of Students Name(s) and/or Photo(s)**

Dear Parent/Guardian,

Throughout the school year, our students receive various awards, participate in school-sponsored events and create outstanding projects and work that Holy Cross School would like to share with the community.

With your permission, we would like to publish your child(ren)'s accomplishments and/or photos in our press releases to local and Diocesan newspapers, the Holy Cross web site and in school publications/marketing materials which may be distributed to the general public via postal service, newspaper, television, the Internet and other forms of mass distribution.

This Non-Consent Form will be kept on file for the present school year AND MUST BE RENEWED ANNUALLY. It can be changed or rescinded at any time by notifying the school office IN WRITING.

**If this form is not returned, Holy Cross will assume we have your permission to include your child(ren)'s name and/or photo in items published for school publicity.**

-----  
 I DO NOT give permission for my child's name or photo to be included in any publicity about Holy Cross.

I DO give permission for my child's name or photo to be included in any publicity about Holy Cross.

Child(ren)'s Name(s) (Please Print)

Grade

---

---

---

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_