



Holy Cross Academy

New Student Registration Checklist

Welcome to Holy Cross Academy!

Please complete the following forms and return to the school office:

- Registration Form
- Request for Loan of Textbooks
- B6T – Application for Private School Transportation
- Diocese of Trenton Permanent Record Information
- Record Release Form (Entering grades 1-8)
- Non-Consent for Use of Students Name(s) and/or Photo(s)
- Physical Examination Forms
- Immunization Records
- Registration Fee (\$200.00 before March 15, 2019/\$300.00 after March 15, 2019)
- Birth Certificate
- Baptismal Certificate
- Report Card and Standardized Tests Scores (Entering grades 1-8)



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 14th and you withdraw before July 14th, you receive a full refund.
- 2.) If you withdraw your child between July 14th 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 14th 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 14th 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 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH 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 15TH.
 - IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.
- 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: _____



Request for Student Records

Name of Student _____

Address: _____

Present School: _____

Address: _____

Date of Birth: _____

Present Grade: _____

The above pupil has enrolled in our school. Please send his/her records to the above school. Also any of the following information you can supply:

Retention History

Achievement Test Results

Progress Reports

Intelligence Test Results

Social & Emotional Development

Authorization To Release Student Records

I have enrolled my child in the above school and authorize you to release records to Holy Cross Academy.

Signature of Parent or Guardian: _____

Date: _____



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 _____

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

DATE OF PHYSICAL EXAM:

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____