# HOLY FAMILY CATHOLIC SCHOOL

**Return to: Holy Family Elementary, 421 Fulton Street, Elmira NY 14904**

## 2021– 2022 Registration

Parent/Guardian (*as you wish your name to appear on official communication*)

Telephone (*home*) _____
Cell Phone *(if applicable)* _____

**Please print:**

M/M Dr. Mr. Mrs. Miss Ms. _____ (*work phone*) Mother/Guardian _____
*(Circle one)* *Last Name* *Parent(s) First Name(s)*

Mailing Address _____ (*work phone*) Father/Guardian _____
*Street* *City/Town* *Zip*

I/We are **registered** members of _____ Roman Catholic Parish

Parish Active ☐ Non-Active ☐ Non Parishioner ☐

Tuition Assistance Information requested: ☐ Yes ☐ No E-mail Address _____

Previous School Attended: _____

School District in which student resides: ◯ Elmira ◯ Elmira Heights ◯ Horseheads Other (*Please list*) _____

**Registration Fee: Received on or before March 5, 2021…. $50.00 for the first child Plus $10.00 for each additional child**
**Received after March 5, 2021…. $75.00 for first child Plus $15.00 for each additional child**

| Student's Last Name | First | Nickname | Birthdate | Present Grade 2020-2021 | **2021 - 2022 Grade *(K – 6 ONLY)*** |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

**SCHOOL VERIFICATION** *(for office use only)*

Registration Fee Paid: Amount $ _____ Date _____ Cash Receipt # _____ Check # _____ Student start date _____

Complete form and return to: Holy Family Elementary, 421 Fulton Street, Elmira NY 14904 - 607-732-3588