



## New Student Enrollment Checklist

Welcome to Holy Cross Academy!

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

- Application for Enrollment
- 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 Record
- Immunization Records
- Registration Fee (\$200.00)
- Student Academy Fee (\$350.00)
- Birth Certificate
- Baptismal Certificate



**HOLY  
CROSS  
ACADEMY**  
RUMSON, NJ

***Application for Admission  
2022 – 2023 School Year  
Kindergarten – Grade 8***

*Please return completed forms along with a non-refundable registration fee of \$200 per child and tax-deductible Student Academy fee of \$350 per child (capped at \$500 per family) to the school office. Please make all checks payable to Holy Cross Academy.*

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary E-mail for school communication: \_\_\_\_\_

Secondary email: \_\_\_\_\_

Student's Name:	Gender: M/F	Date of Birth	Grade (2021-2022)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Company \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Company \_\_\_\_\_

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

Would you like your child(s) grandparents to receive updates, emails and/or special announcements and communications from Holy Cross Academy?

Grandparents	Grandparents
Names _____	Names _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____

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.

**Delinquent Tuition/Re-Registration:** All students who wish to register for the following school year must have their tuition/fee account current. Any student who has not met their current financial obligation will be put on a waiting list and won't be guaranteed a class position. No exceptions will be allowed.

**Refunds:**

- 1.) **If you are paid in full or have made payments prior to May 15<sup>th</sup> and you withdraw before July 15<sup>th</sup>, you will receive a full refund less a \$350.00 processing fee.**
- 2.) **If you withdraw your child between July 14<sup>th</sup> and the opening of school in September, one month's tuition and a \$350 processing fee 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 start of school and prior to the end of the first trimester, you will be responsible for the full trimester expense plus one additional month's expense. If you withdraw after the end of the first trimester, you will be responsible for the full year tuition payment.**

I have read the above Tuition Policy:

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Parent Name (please print)

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Parent Signature and Date

# Holy Cross Academy

## TUITION POLICY

### 2022-2023 K-8 Tuition Rates: to be determined

*(2021-2022 Tuition Rates were as follows*

*Standard Rate: \$9,100 or Participating Family Rate: \$8,550)*

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 may be asked to attest to their commitment to these principles. This may include an annual assessment of evidence supporting the same, in order for reduced tuition to be granted.

Please note that the actual cost to provide your child with an excellent Catholic education at Holy Cross Academy is approximately \$11,000.00. Like many Catholic and private schools, Holy Cross Academy relies not only on tuition, but also on our community's support. In order to maintain a reasonable tuition rate, Holy Cross Academy has shown that it can depend on the generosity of parents, grandparents, alumni and the community connected to Holy Cross Academy, through their participation in fundraising.

#### **Tuition Payments:**

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

1. **Full Payment.** Under this plan the entire amount of tuition is paid on or before May 15<sup>th</sup>. This payment may be made directly to the school office or through SMART Tuition Management (SMART enrollment fee is waived when tuition is paid in full by May 15, 2022).  
Tuition may be paid **by check** payable to Holy Cross Academy, or by a **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.
2. **Monthly Payments.** Under this plan the tuition is paid monthly (10 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.

**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 Business 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.

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

**Please read and sign Tuition Policy attached**

\_\_\_\_\_ Tuition will be paid in full by May 15,2022. (\$50 Smart Tuition registration fee waived)

\_\_\_\_\_ By credit card through SMART Tuition 2.85% convenience fee

\_\_\_\_\_ By check payable to Holy Cross Academy

\_\_\_\_\_ Tuition will be paid in 10 monthly installments through Smart Tuition

**B. REQUIRED STUDENT ACADEMY FEE- DUE WITH REGISTRATION: Fully tax deductible \$350 per student, capped at \$500 per family**

(formerly PTA commitment) applied directly to the school's 2022-2023 operating budget

\_\_\_\_\_ By credit card (2.2% convenience fee for Visa. 2.6% American Express) All but convenience fee is tax deductible. You will be invoiced via Parent Square, payable on receipt.

\_\_\_\_\_ I have attached a check for the STUDENT ACADEMY FEE(s). Please make check payable to Holy Cross Academy

**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 attached to this form.

Parent Signature

Date

\_\_\_\_\_

\_\_\_\_\_

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

2022 – 2023 SCHOOL YEAR

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

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-Public School:** HOLY CROSS ACADEMY  
  
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 ACADEMY (**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 2022-2023 RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

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

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F 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 Academy PHONE 732-708-3113

ADDRESS OF SCHOOL 40 Rumson Road, Rumson, New Jersey 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 2022 CLOSES June 2023 SCHOOL HOURS FROM 8:00 AM TO 2:30 PM  
MILES TENTHS

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR \_\_\_\_\_

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.



Permanent Record Information (Genesis SIS)

Last: \_\_\_\_\_ First: \_\_\_\_\_ 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: \_\_\_\_\_





**HOLY  
CROSS  
ACADEMY**  
RUMSON, NJ

**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 Academy 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 Academy 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 \_\_\_\_\_



HOLY  
CROSS  
ACADEMY  
RUMSON, NJ

**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:*

*Holy Cross Academy  
40 Rumson Road  
Rumson, New Jersey 07760  
Email: [schooloffice@hcarumson.org](mailto:schooloffice@hcarumson.org)*

*Also any of the following information you can supply:*

Retention History  
Progress Reports

Achievement Test Results  
Intelligence Test Results  
Social & Emotional Development

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**Authorization to Release Student Records**

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

Signature of Parent or Guardian:

\_\_\_\_\_

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