



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 Forms
- Immunization Records
- Registration Fee (\$200.00)
- Student Academy Fee (\$350.00)
- Birth Certificate
- Baptismal Certificate



**HOLY
CROSS
ACADEMY**
RUMSON, NJ

***Application for Admission
2021 – 2022 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 _____

A. TUITION (PLEASE CHECK ONE):

Please read and sign Tuition Policy attached

_____ Tuition will be paid in full by May 15 2021. (\$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 2021-2022 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

Holy Cross Academy

TUITION POLICY

2021-2022 Tuition rates:

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 15th. 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, 2021).
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.

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 15th and you withdraw before July 15th, you will receive a full refund less a \$350.00 processing fee.**
- 2.) **If you withdraw your child between July 14th 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:

Parent Name (please print)

Parent Signature and Date

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

2021-2022 SCHOOL YEAR

DATE: _____

Public School District: _____
Address: _____

Nonpublic School: _____
Address: _____

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

_____ to loan textbooks to the _____
(Name of Public school District) **(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 nonpublic 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 of Parent/Guardian: _____

Date: _____

_____ Please complete this form and place an X if you DO NOT want busing

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

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

SCHOOL YEAR _____ 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 _____ PHONE _____

ADDRESS OF SCHOOL _____

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 _____ CLOSES _____ SCHOOL HOURS FROM _____ MILES TENTHS
AM TO _____ PM

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

1. 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.

2. 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.

3. 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.



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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*

Also any of the following information you can supply:

Retention History
Progress Reports

Achievement Test Results
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 School.

Signature of Parent or Guardian:

Date: _____



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: _____



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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 _____