 **1916- 19th Street, Birmingham, Alabama 35218**

**205-780-5858**

**STUDENT REGISTRATION FORM 2025-2026**

*The mission of Holy Family Catholic Academy is to create an innovative, challenging education in a safe and welcoming environment, where learning, faith, service and community are based on Gospel teachings.*

**DATE OF APPLICATION GRADE ENTERING NEW/RETURNING**

# STUDENT INFORMATION/DATA

Last Name First Name Middle

Address City/State/Zip

Parent/Guardian Phone SSN Last 4 Gender: Male Female

Race/National Origin: White, Black, Asian, Hispanic, American Indian or Multi-racial

Date of Birth (mm/dd/yyyy) Place of Birth (city and state)

# PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Name Occupation

Driver’s License/State ID # State of Issue Date of Birth

Parent/Guardian Email

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Yes / No If yes, please list program name and case number/ID Number.

Program Name Case Number/ID Number

Have you applied for any public scholarship assistance? Yes / No If yes, which program

Have you applied for the Choose Act. If not, apply at https://classwallet.com

Do you and/or your child attend a Catholic Church? If yes, where

# SCHOOL HISTORY

School(s) attended (List most current first and include location)

***For Office Use Only***

**Date Received Documents Included Yes / No Recommended By Early Acceptance Yes / No**

Has your child ever been suspended or expelled? Yes / No If so, which school?

Has your child been retained? Yes / No If so, what grade?

Has your child ever been diagnosed with a learning disability? Yes / No Does your child have an IEP (Individual Education Plan)? Yes / No

Has your child ever been enrolled in intervention classes? Yes / No

Does your child have any special needs/allergies? Please explain:

# ADDITIONAL PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

**Note: Additional Contact must show proof of identity.**

Please circle one: Parent/Guardian Please circle one: Parent/Guardian/Emergency Contact

Last Name Last Name

First Name First Name

Title (Dr., Mr., etc.) Title (Dr., Mrs., etc.)

Address Address

City/State/Zip City/State/Zip

Home Phone Home Phone

Cell Phone Cell Phone

Place of Work Place of Work

Work Phone Work Phone

E-Mail E-Mail

If parents are divorced (Custody documentation is required).

# REGISTRATION/ENROLLMENT INFORMATION

Thank you for showing interest in enrolling/re-enrolling your child at Holy Family Catholic Academy. Holy Family is committed to encouraging academic excellence and teaching the Gospel to students.

Students are eligible for admission if they meet the following criteria:

1. Academic program suited to the student’s needs.
2. There is a vacancy.
3. The conditions/requirements for admission to the school have been met.

***The following requirements must be met before acceptance is final***:

* + Application/Registration Form
	+ Refundable Registration Fee of $100.00
	+ Last Year’s/Current Report Card noting promotion
	+ Standardized Test scores (current year)
	+ Any Identified Specific Needs Program/ Academic Records
	+ Current Immunization Card (IMM50)
	+ Birth Certificate with state seal (a copy)
	+ Social Security Card (a copy)
	+ Copy of Tax Return for 2023 (for scholarship and/or financial applications)

# SCHOLARSHIP INFORMATION

Your child may be eligible for a scholarship. You can find out more at the following websites:

**Scholarships for Kids** [www.scholarshipsforkids.org](http://www.scholarshipsforkids.org/) **Alabama Opportunity Scholarship Fund** [www.alabamascholarshipfund.org](http://www.alabamascholarshipfund.org/) **C2 Opportunity Scholarship Fund** [www.csquaredscholarships.org](http://www.csquaredscholarships.org/)

 **Choose Act** www.chooseact.alabama.gov

# TUITION RATES & FEES FOR 2025-2026

 *Early Registration for 2025-2026 is from February 10 -28, 2025.*

*Tuition payments are required monthly and can be paid in* ***advance*** *quarterly or at the beginning of each semester. Students are responsible for purchasing school dress code items.*

*The Incidental Fee covers additional academic expenses that include but not limited to student information system subscriptions and online learning access, textbooks and Chromebook rentals, tutorial program, workshops, classroom supplies, locker rental, and transportation for field trips (if possible).*

 **Registration Fee-$100.00 Due: Feb 10 - May 23, 2025**

 **First Month’s Tuition Payment** **$550.00 Due: June 23, 2025**

 **Incidental Fee**-**$100.00 Due: August 4, 2025**

***Tuition is $550.00 per month for 10 months, beginning in August.***

# TUITION PAYMENT TERMS

## TUITION

Tuition must be paid by the 5th of every month.

## PAST DUE TUITION

The following steps will be taken for Past Due accounts:

***7 Days***: Friendly reminder letter/email will be sent.

***14 Days***: Friendly phone call and letter advising that tuition account is now considered seriously delinquent and is being referred to the Tuition Committee for resolution.

***21 Days***: A letter from the Tuition Committee advising that if

 the account is not current by the end of the month:

1. Child(ren) will not be re-admitted the following month and electronic access will be restricted.
2. Transcripts and/or other records will not be issued or forwarded until balances are paid in full.

## ENROLLMENT WILL NOT BE PERMITTED FOR THE NEXT SCHOOL YEAR UNTIL ALL DEBTS ARE CLEARED FROM THE CURRENT YEAR.

Your child(ren) will be considered conditional until all debts are cleared from the previous year.

## FINANCIAL OBLIGATIONS

Under no circumstances will transcripts or other records be issued to any other school if tuition is not paid as referenced in Section I.

# SIGNATURE PAGE 2025-2026

I have read the Tuition Payment Terms for Holy Family Catholic Academy and consent to abide by the conditions of this agreement.

I attest that the information provided in this application is accurate and true. I agree to provide all registration/enrollment documentation required.

I consent to receive notification electronically via email, phone, or text messages.

I understand that enrollment/admission to Holy Family Catholic Academy is at the discretion of the school. All monies paid to Holy Family Catholic Academy are nonrefundable.

I do hereby consent that my child’s academic records be released upon request to Holy Family Catholic Academy.

**Student’s Name Date of Birth (mm/dd/yy)**

**Grade Entering**

*The legal guardian and person responsible for payment of tuition should sign below.*

*Please duplicate this page if more than one person is responsible for the child****.***

**Name Phone**

**Address City/State/Zip**

**Email Address**

**Signature Date**

*This form is not a contract or a document of acceptance. If any information is falsified or omitted, admittance or continuation at Holy Family Catholic Academy may be terminated.*

# ADDITIONAL PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

**Note: Additional Contact must show proof of identity.**

**Please circle one: Parent/Guardian Please circle one: Parent/Guardian/Emergency Contact**

**Last Name Last Name \_\_**

**First Name First Name \_\_**

**Title (Dr., Mr., etc.) \_\_\_\_\_ Title (Dr., Mrs., etc.) \_\_\_**

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

**City/State/Zip \_ City/State/Zip \_\_**

**Home Phone \_ Home Phone \_\_**

**Cell Phone \_ Cell Phone \_\_**

**Place of Work \_ Place of Work \_\_**

**Work Phone \_ Work Phone \_**

 **E-Mail E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**