

**Holy Cross Catholic School**  
 1331 State Rd. 76  
 Santa Cruz, NM 87567  
 505-753-4644  
[hccsoffice@myhccs.org](mailto:hccsoffice@myhccs.org)



**Registration Form: 2026-27**

**Registration Date:** \_\_\_\_\_

Student Name (Last, First, Middle)	Grade 2026-2027	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student/Family Ethnicity:**  Caucasian     Native American     Asian     African American  
 Hispanic     Pacific Islander     Multi-Racial

	<b>FATHER</b>	<b>MOTHER</b>
Last Name	_____	_____
First Name	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Employer	_____	_____
Email	_____	_____

The Following person/s is authorized to pick up my child/ren in case of an emergency and may be contacted in the event I cannot be reached.

Name	Relationship	Home/Work	Cell

**All volunteers must be Virtus trained (Protecting God’s Children). Go to [virtus.org](http://virtus.org), print the certificate, and take it to the school office.**

Child(ren) lives with:  Father  Mother  Both Parents  Grandparents  Other

Is your family  Catholic  Non-Catholic (If Non-Catholic or not registered at a Catholic Parish, a \$500 Operation Subsidy fee per student is due by December 31<sup>st</sup>)

The church you actively support: \_\_\_\_\_

### Health and Education Circumstances

Does your child(ren) receive or need any special services?  Yes  No

Do you have it on file?  504 Plan  IEP  None

Child(ren) Name(s): \_\_\_\_\_

### Tuition Commitment/Registration Fee/Fundraising

The registration fee is per student, non-refundable is due with this form when registering.

Early Discount Registration (returning students): April 3<sup>rd</sup> is the last day-\$250

Late Registration: April 4<sup>th</sup>-\$300

New Families: \$300 always

Registration Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash  Check  CK # \_\_\_\_\_

Receipt \_\_\_\_\_

### Tuition

Pre-K Tuition-\$4,800-Tuition will no longer be prorated if the student comes for 2 or 3 days.

K-8 Tuition-\$4,800-Siblings receive a \$100 discount.

All tuition must come out from FACTS.

New families must sign up for FACTS before the child(ren) is accepted.

Family Fundraising Fee \$500 per family annual raffle tickets are the only mandatory fundraiser. If the tickets are not sold by the day of the drawing, the \$500 will automatically go onto FACTS.

Will you be requesting Tuition Assistance for the 2026-2027 School Year?  Yes  No

If yes, please be sure to apply on FACTS A.S.A.P.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----Office Use Only-----

Applied for tuition assistance:  Yes  No

Registered with FACTS:  Yes  CK #No FACTS Family # \_\_\_\_\_



# Archdiocese of Santa Fe CATHOLIC SCHOOLS

Faith-Filled Education + Fostering Uniqueness + Preparing Leaders

## Authorization Form for Use of Child/Youth Name, Likeness, Voice and/or Photographic Image

I grant permission to Holy Cross Catholic School

To use my child's name, likeness and/or photographic image in the production of promotional material through social media and print material.

I consent.  I do not consent.

To allow my child to participate in live streaming and/or videotaping of classroom lessons in order to provide remote learning for students.

I consent.  I do not consent.

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify School in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the Archdiocese of Santa Fe, School and parish are not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

\_\_\_\_\_  
Name of Children/ren (Please Print)

\_\_\_\_\_  
Grade Level/s

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

*This Authorization Form is to be kept in the student's permanent record for twelve years from the date of signature.*

*Revised August 2020*

**Holy Cross Catholic School**  
**Internet/Network Access Use**

Students and staff are responsible for their behavior, actions, and communications when using the school's network and computer technology. They are responsible for the appropriateness and content of material they store, transmit, or publish on the system. General school rules for behavior and communication apply. Technology resources that are covered by this agreement include, but are not limited to, computers, servers, thumb drives, printers, scanners, video and audio devices, cameras, software, telephones, electronic science probes, and other electronic computing resources.

I. Internet/Network Use

- a. The student will access the Internet and Network services at the direction of the teachers and for educational purposes only.
- b. The student will never access others' folders or files.
- c. The student will not post or distribute any pictures or documents that are considered defamatory, inaccurate, abusive, obscene, threatening, offensive, or contrary to the teachings of the Catholic Church.
- d. The student will not access sites that are deemed obscene, constitute pornography, or are contrary to the mission of the school. If the student accesses an inappropriate site accidentally he/she will notify the teacher immediately.
- e. The student agrees never to use the Internet for any activity that is considered illegal, criminal, or contrary to the teachings of the Catholic Church.
- f. The student will abide by all laws regarding copyright and plagiarism.
- g. The student agrees never to tamper with or vandalize the property of the school and other users.
- h. The student agrees never to download or upload any file, application, or resource to or from the school's network without permission from a teacher or system administrator.
- i. The student agrees to report any misuse to the teacher or system administrator.
- j. The school is not responsible for the loss of data stored on the school computers or network.

II. Email Uses

- a. The student will be assigned an email address to be used for educational purposes. The email will be used for teacher-sponsored activities.
- b. The student will be polite in all communications. The use of inappropriate language, which includes vulgarity, obscenities, threats, or suggestive statements, is strictly prohibited.
- c. The student agrees to keep his/her password and the passwords of others confidential.
- d. The student should never reveal personal information about themselves or others. This includes name, age, gender, photo, address, phone, and other information that could allow a person to locate you.
- e. The student agrees to never arrange a meeting with any person while using the school's email system.
- f. The student agrees to notify a staff member if a request for personal information, harassing or threatening statements, or any transmission that causes the receiver to feel uncomfortable is received through the school account.

III. Consequences

- a. The use of the Internet is a privilege, not a right, and inappropriate uses will result in a cancellation of those privileges. Violation of any part of this policy can result in the following actions depending on the severity of the action. The school administration will determine the appropriate consequence.
  - i. Temporary suspension of privileges.

- ii. Permanent suspension of privileges.
- iii. Suspension from school.
- iv. Expulsion from school.
- v. Report to local, state, or federal officials.

IV. Privacy

- a. There is no absolute Right to Privacy when using the school's computer resources. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. School administration, faculty, and other authorized persons will have the right to review all material saved, transmitted, accessed, or momentarily in use by the student in accordance with the policy set by the school's administration. This right is extended to the student's parents and/or legal guardian in accordance with the school's policy for review of student records and/or work. Users should not expect that files will be private.

V. Disclaimer

- a. With access to computers and people all over the world also comes the availability of material that may not be of educational value in the context of the school setting. Holy Cross Catholic School has taken precautions to restrict access to controversial materials. However, on a global network, it is impossible to control all materials, and an industrious user may discover controversial information.

Parent/Guardian: I, \_\_\_\_\_ have read the NETWORK/ACCESS USE STATEMENT, and agree to abide by its provisions I understand that violation of these provisions may result in suspension or revocation of network access and related privileges and could lead to school disciplinary actions.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical History

Families must submit one medical history form per student attending each year.

Name of Student		Date of Birth/Grade	
Parent		Phone	
Parent		Phone	
Pediatrician		Phone	

Does your child have any of the following medical conditions? Check the box with an “X” with those conditions that apply.

ADD/ADHD		Asthma		Seizure Disorder		Juvenile Rheumatoid Arthritis	
Cardiac Condition		Diabetes		Emotional Issues		Speech Condition	
Headaches		Stomach Condition		Hearing Impairment		Visual Impairment	

Infections (Chronic ear, sinus, etc.) Please list	
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### Medical Information Continued

Other Medical Conditions	
Past Medical Conditions, Surgeries	
Medications at home	
Medications at school	
Food Allergies	
Medication Allergies	
Other Allergies	
Other	

### Immunizations

**Please make sure the office has an updated immunization record on file. Students entering 7<sup>th</sup> grade must have been vaccinated for Meningococcal before school starts.**



## **PAYMENT PLANS/FINANCIAL AID**

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### **FACTS Tuition Management**

FACTS is the largest provider of tuition payment plans in the industry, giving students and families from educational institutions at all levels a better way to manage education costs over time. With a FACTS Tuition Payment Plan, you can choose a convenient payment option to suit your needs. Instead of one lump tuition payment, smaller payments can be made over time.

#### **FACTS Payment plans, you'll enjoy:**

- Easy and convenient online registration
- 24/7 password-protected access to your account
- The peace of mind that comes from working with the industry leader

### **Sing Up/Login**

We work directly with schools to design payment plan options. Participating institutions enjoy online payment processing and a payment plan sign-up service. Check with your institution for details on establishing a payment plan or making payments online.

### **Have Questions?**

View our frequently asked questions page. You may also call our corporate office toll-free at 866-441-4637 7:30 a.m. – 7:00 p.m. Central Time Monday through Thursday, or 7:30 a.m. – 5:00 p.m. on Fridays.

## **FACTS ONLINE REGISTRATION/FINANCIAL AID APPLICATION**

1. Log onto [factsmgt.com](http://factsmgt.com)
2. Click on School login
3. Click on tuition management
4. Click on register
5. Click on search for institution
6. Enter school zip code 87567
7. Click on Holy Cross school
8. Click on to create a username and password
9. Begin application

**Parish Subsidy Form**  
Archdiocese of Santa Fe

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**Part 1 Information to be provided by parent/guardian**

Name of School \_\_\_\_\_ School Year \_\_\_\_ - \_\_\_\_

School Address \_\_\_\_\_

Parent/Guardian full name \_\_\_\_\_ Parent      Guardian

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Transferring from another diocese/state?      Y      N

Parish where you are registered \_\_\_\_\_ City \_\_\_\_\_ Envelope# \_\_\_\_\_

Name of Student #1 \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student #2 \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student #3 \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature\* \_\_\_\_\_ Date sent to parish \_\_\_\_\_

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Note to parent/guardian: It is your responsibility, not the schools, to ensure that subsidy payment is made. You should deal directly with the parish office for any questions about payment. If for any reason your parish does not pay the subsidy, you must do so. Subsidy payments are due, in full, at the time your child's tuition is due. If your school allows installment payment of tuition, the subsidy payment is due, in full, with the first tuition installment. Your signature on this form indicates you agree to comply with this policy.

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**Part 2 Information to be provided by parish**

"Since tuition does not cover the full costs borne by the school to educate the student, each parish (whether the parish has a school or not) will pay \$500 subsidy per student for registered parishioners. The subsidy is to be paid directly to the appropriate school... All subsidy payments are due by December 31 of the school year."

*Handbook of Policies and Regulations, Policy NO. 5020*

The above-named persons are registered members of this parish:      Yes      No

Payment due to school: subsidy of \$500 X      (number of students) =      \$(total due)

Signature of Pastor or Representative\* \_\_\_\_\_ Date \_\_\_\_\_

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Note to parish: Complete within 30 days of receipt, retain a copy for parish, and return original to school. Failure to return this form within 30 days of receipt indicates you agree to pay the subsidy for this student.