



RE-REGISTRATION FORM

Please return this form for the 2025-2026 school year along with your \$50 re-registration fee per student by March 26th.

Tuition is \$4400 for one child and a family cap of \$6950.

- My child/children will be returning to Holy Cross Academy this fall.
 My child/children will not be returning to Holy Cross Academy this fall.
 Please send me an application for another child who will enter in the fall.

(New students-see application for information and fees.)

A current physical (after May 1st) is required for all new students and 7th, 9th and 11th grade students and anyone playing sports.

All immunizations must be current to attend school in New York State.

Student Name _____ Entering Grade _____

Student Name _____ Entering Grade _____

Student Name _____ Entering Grade _____

Student Name _____ Entering Grade _____

I understand the philosophy and mission of Holy Cross Academy, and I agree to continue to work closely with Holy Cross Academy to ensure the best possible education for my child.

Parent/Guardian Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____