



## HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

### Application for Admission 2026-2027 Grades 1-8 Checklist

*To complete the application process, please note the following:*

Content and check off list:

- Instructions, p. 2
  
- Holy Family School Application Form
- Tuition Payment Preference Worksheet
- EdChoice Request Form
- Angel Scholarship QR Code Application
- Admissions Teacher Recommendation Form (Entering Grades 1-8)
- Information Regarding Legal Custody Form
  - Custodial papers (if applicable)
- Release of School Records Form

In addition to the above completed forms:

- Non-refundable Registration Fee \$100 Per Student
- Immunization Record (copy of immunization booklet)
- Birth Certificate (copy only)
- Baptismal Certificate (copy only)
- Church envelope (or provide church membership id#)
- Copy of current report card
- Copy of recent standardized test scores
- Copies of evaluations, IEPs or other reports



## HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

### Application for Admission 2026-2027 – Instructions

If you have any questions in the completion of the admissions application, you are welcome to call Katrine Franklin at 330.688.6412 or email [kfranklin@holyfamilyschoolstow.org](mailto:kfranklin@holyfamilyschoolstow.org)

Please return the **COMPLETED APPLICATION** to Holy Family as soon as possible. We will verify receipt of your completed application BY EMAIL.

**Holy Family School Application Form:** Please complete as thoroughly as possible.

**Tuition Payment Preference Worksheet:** Please complete.

**Admissions Teacher Recommendation Form:** Applicants entering Grades 1-8, please complete the first section and submit it to your child's current teacher with a stamped envelope addressed to Holy Family School, 3163 Kent Rd. Stow, Ohio 44224.

**Information Regarding Legal Custody Form:** Please complete as thoroughly as possible. If applicable, please include current custodial papers.

**Release of School Records Form:** Please return this form to Holy Family School, *not* to your child's current school. We will process it.

**Immunization Record:** Please provide us with a copy of your child's immunization booklet.

***Application does not guarantee enrollment. We may not be able to accommodate all students who apply.***

Informational Pieces:

Tuition Policy

Volunteer *Virtus* Guidelines

Admissions Guidelines

Faith Direct Enrollment Form



# HOLY FAMILY SCHOOL

## APPLICATION FORM

### STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Entering PreK:  Prek3-2  Prek3-3  Prek4-4  PreK-Full Day  
Entering Grade:  K,  1,  2,  3,  4,  5,  6,  7,  8

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Sex: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Student Birthplace: \_\_\_\_\_  
(City, State, County)

Ethnicity:  White  Asian  Black/African American  Hispanic  Multiracial  
 Native Hawaiian/Pacific Islands  Native American  Unknown/Other  Do Not Wish to Disclose

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Communion Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
(Street, City, State)

Public School District and name of public school student would attend: (ex: Stow-Munroe Falls, Fishcreek Elementary)

\_\_\_\_\_ District Name

\_\_\_\_\_ School Name

## PARENT/LEGAL GUARDIAN INFORMATION

Parents married; student resides with parents     Parents are divorced     Parents are separated  
**Student resides primarily with:**  Natural Mother     Natural Father     Custodial Mother     Custodial Father  
 Legal guardian/Other \_\_\_\_\_ (Name, relationship to student)

### FIRST PARENT OR GUARDIAN:

Father     Mother     Legal guardian

Full name: \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden name: \_\_\_\_\_ Is parent a Holy Family School alumnus/a \_\_\_\_ If yes, class year \_\_\_\_

Address: \_\_\_\_\_  
(If different from student's)

Home# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

Email \_\_\_\_\_

Education:  High School Graduate     College Non-Graduate     College Graduate     Beyond College

Place of Work \_\_\_\_\_ Work# \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

### SECOND PARENT OR GUARDIAN:

Father     Mother     Legal guardian

Full name: \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden name: \_\_\_\_\_ Is parent a Holy Family School alumnus/a \_\_\_\_ If yes, class year \_\_\_\_

Address: \_\_\_\_\_  
(If different from student's)

Home# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

Email \_\_\_\_\_

Education:  High School Graduate     College Non-Graduate     College Graduate     Beyond College

Place of Work \_\_\_\_\_ Work# \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Other children in the family/list name & birth dates:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date  
\_\_\_\_\_  
Birth date  
\_\_\_\_\_  
Birth date  
\_\_\_\_\_  
Birth date  
\_\_\_\_\_  
Birth date

Language Spoken at Home:  English  Other (list) \_\_\_\_\_

**RELATIVES (other than parents) WHO ARE HOLY FAMILY SCHOOL ALUMNI:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Class Year  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Class Year  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Class Year

## Tuition for the 2026-2027 school year is set at \$7,250

Please note that the amount of parent commitment each family pays will be reduced by the amount of awarded scholarships received by each student. We need you to apply for scholarships in order to receive them.

**Scholarship Options: Please initial next to the scholarships you intend to apply for.**

**EdChoice/EdChoice Expansion** – If you are currently on either of the EdChoice Scholarships, please complete the renewal process. If you are not currently receiving either of the scholarships, please review the eligibility requirements for EdChoice Expansion at <https://education.ohio.gov/Topics/Other-Resources/Scholarships/EdChoice-Expansion/How-to-Apply-for-EdChoice-Expansion>.

**Jon Peterson Special Needs Scholarship** – provides scholarships to students who are eligible to attend kindergarten through twelfth grade and have an Individualized Education Plan (IEP).

**Holy Family Angel Scholarship Fund** – Please complete the application using the QR code provided.

**DTA (Diocesan Tuition Assistance)** – Apply for DTA through FACTS Grant & Aid. There are also specialized scholarships available through the diocese.

**We have decided not to apply for any scholarship.**

Scholarships will be applied, and your final parent commitment amount will be communicated to you in a drafted tuition agreement. We need you to submit your scholarship applications as soon as possible so your tuition agreement can be drafted.

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Parent/Guardian Printed Name

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Signature

# Tuition Payment Preference Worksheet

Please return to school by February 20, 2026

Parent/Family Last Name \_\_\_\_\_

# of K-8 Students (Please circle one):                      1            2            3            4            5

Payment Options (Please circle one):

1. **FACTS** monthly payment plan
2. Payment in full by August 1, 2026



## Returning FACTS families

Holy Family School will re-enroll families who are already enrolled the FACTS system. **Please indicate below your selection for the Peace of Mind (POM) Benefit:** The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals under age 70.

**Yes**, please reenroll/enroll me in POM. I agree to pay the **\$22.50** non-refundable annual fee, per agreement.

**No**, please do not enroll me in POM.

FACTS will communicate to you via email or postal mail (option you selected) within their system once re-enrollment is completed.



## Attention families NEW to the FACTS program

**Please enroll by clicking on the FACTS logo found on the Holy Family School website, [www.holyfamilyschoolstow.org](http://www.holyfamilyschoolstow.org) by March 1<sup>st</sup>.**

## Families with PRESCHOOL students

Families with preschool students enrolled in the Holy Family School Preschool program. If you would like to utilize the FACTS system to pay for preschool please complete the following:

Student Name: \_\_\_\_\_

Preschool Class:     2 Day ~ 3 year program             3 Day ~ 3 year program  
                           4 Day ~ 4 year program                 5 Day/All day ~ 4/5 program

# EdChoice Request Form 2026-2027

## STUDENT INFORMATION

This application is for (select one):

- Traditional EdChoice Scholarship     EdChoice Expansion Scholarship (income based)

*\*Student data MUST match birth certificate.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_ GENDER:  FEMALE  MALE

MOTHER'S MAIDEN NAME: \_\_\_\_\_ NATIVE LANGUAGE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

GRADE LEVEL FOR 2025-2026: \_\_\_\_\_ GRADE LEVEL FOR 2026-2027: \_\_\_\_\_

IS THE STUDENT AN INCOMING KINDERGARTNER?     YES     NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER?     YES     NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL?     YES     NO

IF YES, WHERE?

DISTRICT: \_\_\_\_\_ Building: \_\_\_\_\_ Year: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

*FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):*

Natural Parent     Residential Parent     Adoptive Parent     Student who is at least 18 years old

Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

### PRIMARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SCHOOL INFORMATION

*\*Information must be completed to determine eligibility.*

My student is currently attending (check only one box):

- |   |   |
|---|---|
| <input type="checkbox"/> Attending a public school  | <input type="checkbox"/> Attending a charter/community school         |
| <input type="checkbox"/> Attending a private school | <input type="checkbox"/> Homeschooled (Never attended an Ohio School) |
| <input type="checkbox"/> New to Ohio                | <input type="checkbox"/> Attending Pre-school                         |
| <input type="checkbox"/> Other: _____               |   |

Name of school the student is currently attending: \_\_\_\_\_

Name of public school district you live in: \_\_\_\_\_

Name of public school the student would be assigned to for the 2026-27 school year: \_\_\_\_\_

## INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted.

## ADDRESS VERIFICATION

***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

*Other Acceptable Documents:* A monthly mortgage statement (less than 90 days old) **or** lease/rental agreement (signed by lessee and lessor) **and** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the [scholarship webpage](#).

## 2026-2027 EDCHOICE PARENT AGREEMENT

I \_\_\_\_\_ AGREE TO THE FOLLOWING:  
(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.

- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate \_\_\_\_\_ (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

\_\_\_\_\_  
DATE

**Return to the private school with a copy of current utility bill showing matching service and mailing addresses.**

*The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.*

*View the Department's Disability Discrimination Policy and Discrimination Policy Grievance Procedure. For further information on notice of non-discrimination, visit [ocrcas.ed.gov/contact-ocr](http://ocrcas.ed.gov/contact-ocr) for the address and phone number of the office that serves your area, or call 1-800-421-3481.*

# **Angel Scholarship Fund**

## **26-27 Tuition Assistance Application**

# Apply today!

One application per student



**ANGEL**  
SCHOLARSHIP FUND

*Turning taxes into tuition*



**HOLY FAMILY  
SCHOOL**  
FOUNDED 1949

Candidate's Full Name \_\_\_\_\_ Current Grade: \_\_\_\_\_

*I give the signing teacher permission to fill out the teacher recommendation form and to share information about my child.*

Parent signature: \_\_\_\_\_

**Teacher Recommendation Form**

The above named candidate is applying for admission at Holy Family School. We are asking a teacher from the most recent school year to please complete this form to the best of his or her ability. **Please mail this completed form to Holy Family School, 3163 Kent Road, Stow 44224.**

Teacher completing form \_\_\_\_\_

What subjects do you currently teach the candidate? \_\_\_\_\_

Please rate the student using the scale provided. For responses lower than 3, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Social Skills		
Respectfulness		
Initiative		
Ability to keep commitments/meet deadlines		
Punctuality		
Leadership Potential		
Results Oriented		
Maturity		



**HOLY FAMILY  
SCHOOL**  
FOUNDED 1949

1. Has the student been disciplined for a severe infraction? If yes, please explain.

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2. Have any academic accommodations been made that should continue to facilitate this student's success? (e.g., extended time, preferential seating, etc.)

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3. Overall impression of candidate (please circle one):

*Highly recommend*    *Recommend*    *Recommend with reservation*    *Do not recommend*

Comments: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_



# HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

## INFORMATION REGARDING LEGAL CUSTODY to be completed as part of the registration/re-registration agreement

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

Child's Name: \_\_\_\_\_ Grade in 2026-2027 \_\_\_\_\_

Address of child's residence: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ mother as custodial parent  
\_\_\_\_\_ father as custodial parent  
\_\_\_\_\_ grandparent(s) (with legal custody)  
\_\_\_\_\_ other. Please explain: \_\_\_\_\_

Residential parent/guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child?

Please attach a certified copy of the entire custodial agreement including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Does the non-residential parent have visitation rights?

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities?

Is the non-residential parent responsible for paying tuition?

(A complete copy of the school's procedures dealing with family custody situations is included in the school handbook.)



# HOLY FAMILY SCHOOL

FOUNDED 1949

## Records Request

The following student has *applied* to Holy Family School, **this record request is not equivalent to a withdrawal** from your school.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School Name & Address \_\_\_\_\_

Please send copies of the following:

- Grades and academic records
- Standardized testing results
- Attendance records
- Medical / immunization records
- Birth certificate
- Disciplinary records
- IEP/ETR/504/Accommodation Plan, if applicable
- RIMP, if applicable

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

Records can be faxed to the number below, or emailed to [kschell@holyfamilyschoolstow.org](mailto:kschell@holyfamilyschoolstow.org)





## **HOLY FAMILY SCHOOL**

3163 Kent Road  
Stow, OH 44224-4498  
One Family  
United in Christ

### **Admission Guidelines and Priority**

Registration is conducted in January/February for the next school year only. Information concerning registration will be published in advance of the registration period in the Holy Family Parish Sunday Bulletin and in the school newsletter.

Holy Family School admits students of any race, color and national or ethnic origin to all rights, privileges, programs and activities. In all cases, admission of students will be made only in those cases in which Holy Family School can meet the child's needs, and if class size is not at capacity. Admission to Holy Family School is contingent upon the full cooperation and support of parents with all policies as stated in the Parent-Student Handbook. All newly admitted students are on a six-month probation period.

Students will be considered for admission to Holy Family School on a priority basis as follows:

1. Families who are members of Holy Family Parish (see notation below) who have registered when their children are ready to enter school and
  - have siblings in the school
  - do not have siblings in the school.

**\*Note: A family is considered to be a member of Holy Family Parish when the family is formally registered at Holy Family Parish and receives envelopes; the family regularly practices the Catholic faith with emphasis on attending Sunday Mass and reception of the Sacraments; and the family contributes to the support of the parish through the regular use of offertory envelopes or donates via Faith Direct.**

2. Families from neighboring parishes (see notation below) that do not have an elementary school who
  - have siblings in the school
  - do not have siblings in the school.
3. Catholics from neighboring parishes (see notation below) that do have an elementary school and have written permission from the pastor who
  - have siblings in the school
  - do not have siblings in the school.

4. Non-Catholic students will be considered for admission with the following provisions:
- Space is available at the grade level requested.
  - The parents understand the Catholic philosophy of education and are supportive of the policies of Holy Family School. Parents are willing to support their child's participation in the regular school program, including daily religion classes, liturgies, prayer services, etc.

#### **Admission of Transferring Students**

Transferring students will be accepted up to the maximum class size after a thorough review of their scholastic achievement program, conduct, attendance at PSR classes (if applicable) and reason for transfer. Students entering Grades 1 through 8 must submit an Admissions Teacher Recommendation Form before acceptance is considered. Under no circumstances will a student be admitted to avoid racial integration in another Catholic or public school.

#### **Waiting List**

Students' names will be placed on the waiting list for the current registration year when the grade to which they are seeking admission has enrollment at capacity. Students are considered for placement on a waiting list according to the following priorities:

- \* their family are members of Holy Family Parish and registered at the time they moved into the parish, but their children were unable to be admitted because of lack of classroom space.
- \* their family has moved into the parish and their children are coming from other Catholic schools and/or with their first child entering school.
- \* their family has been living in the area, but registered only at the time when their children were ready to enter school.

**Decisions regarding the admission of students to Holy Family School will be based upon these guidelines, interviews with parents, and consultation with previous school administrators and teachers. The Pastor/Administrator of Holy Family Parish and the school principal are responsible for the application of these guidelines and the final decision on the admission of any student.**





## FOR THE PROTECTION OF CHILDREN

The Diocese of Cleveland's March 1, revised 2016 *Policy for the Safety of Children in Matters Regarding Sexual Abuse* requires that every Parish (Church or School) employee and every Parish volunteer 18 and older who has contact with or access to children is **required** to do the following. All of these documents and forms can be found on the Holy Family Parish website. Go to [www.holyfamilystow.org](http://www.holyfamilystow.org), click on PARISH INFORMATION, click on **VIRTUS**.

- ◆ Complete an employment or volunteer application, provide references with addresses;
- ◆ Create an online *VIRTUS* account (see how to register below);
- ◆ Attend a 3-hour *VIRTUS* Training Session (see how to find a session below);
- ◆ Mandatory Reading:
  - ◇ Read the Diocese of Cleveland's *Policy for the Safety of Children in Matters of Sexual Abuse, Revised 2016*, and sign and submit the accompanying acknowledgement form;
  - ◇ Read the Standards of Conduct Policy and sign and submit to the Parish Office the Standards of Conduct Acknowledgement Form for Volunteers
- ◆ Join Selection.com
  - ◇ Log into your VIRTUS ACCOUNT AT VIRTUSONLINE.ORG
  - ◇ Click TOOLBOX on the top bar.
  - ◇ Choose the Selection.com background check on the sidebar
  - ◇ Continue the registration process.
  - ◇ There is a one-time fee of \$25. If finances are a concern, contact Mrs. Heather Hawk Frank ([hhawkfrank@holyfamilyschoolstow.org](mailto:hhawkfrank@holyfamilyschoolstow.org)) for school volunteers or Mrs. Jamie Heirl ([heirl@holyfamilystow.org](mailto:heirl@holyfamilystow.org)) for PSR, CYO and other volunteers.

### How to CREATE AN ONLINE **VIRTUS** ACCOUNT

Go to [www.virtus.org](http://www.virtus.org); Select "FIRST TIME REGISTRANT" ; Select "Begin the Registration Process"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.

### How to FIND A *VIRTUS* TRAINING SESSION

Go to [www.virtus.org](http://www.virtus.org); Select "FIRST TIME REGISTRANT" ; Select "View A List Of Sessions"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.