



**HOLY FAMILY
SCHOOL**

**Re-registration Form
2026-2027**

For Office Use Only:

Family Name _____

Date Received _____

Cash/Check# _____

Please return this form along with the \$100.00 nonrefundable re-registration fee per child by Friday, February 20, 2026. Fees submitted between February 21st and May 31st will be \$125 and may subject your student(s) to be added to a waitlist. Fees paid after May 31st will be \$150.00. A Technology & Classroom Fee of \$200 per child will be billed prior to the 2026-2027 academic year. Make checks payable to: Holy Family School

Family Name _____

_____ My child(ren) will be returning to Holy Family School for the 2026-2027 school year.

<u>Name of Child</u>	<u>Current Grade/Class</u>	<u>Re-registration Fee</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

_____ I have an incoming Kindergarten student(s) I would like to apply for admission.

Incoming student name: _____

Birthdate: _____

Incoming student name: _____

Birthdate: _____

_____ My child(ren) will not be returning to Holy Family School for the 2026-2027 school year.

Please share with us your reason(s): _____

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.

Parent/Guardian Printed Name

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 by March 1st.

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

2026 - 2027

Registration Checklist for Returning Families

Current preschool and day school families have priority registration through February 20, 2026.

Complete and submit the following to the school office:

1. Registration and Contract
2. Scholarship Opportunities Form
3. \$100 Registration Fee per student
4. Complete QR code for Angel Scholarship

Renew or Apply for a State Scholarship (EdChoice or Jon Peterson)

The scholarship portal for 2026-2027 will open in February. More information will be sent home by the end of January.

Apply for Diocesan Tuition Assistance (DTA) by March 15th

Recommended for families at or below 600% of the Federal Poverty Level.

You will need to complete an application through FACTS. There is a minimal cost.

EdChoice Renewal Form 2026-2027

STUDENT INFORMATION

**Student data MUST match birth certificate.*

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ GENDER: FEMALE MALE

GRADE STUDENT WAS IN ON JANUARY 1, 2026: _____

SCHOOL CURRENTLY ATTENDING: _____

WHAT SCHOOL DISTRICT DO YOU LIVE IN? _____

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: _____

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 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

