



Important Dates

- * Wednesday Sept. 17th *
Grandparents Day K-2
- * Wednesday Sept. 24th *
Dads & Donuts
- * Wednesday October 8th *
Fall Picture Day
- * October 14th/October 16th *
Parent Teacher Conferences
- * Friday October 17th *
No School-Teacher-In-Service
End of the 1st quarter
- * Monday October 20th *
No School
- * Wednesday October 22nd *
Grandparents Day Grades 3-6
- * Wednesday October 29th *
Moms & Muffins

Pre-K Tuition

Attention Pre-K parents:
If you intend to use FACTS for your student's tuition, please contact Mrs. Sampson ASAP!
rsampson@defianceholycross.org
419-784-2021

Tuition Grades K-6

If you have not filled out your Ed Choice paperwork or made arrangements to pay tuition, the deadline to do so is **Friday September 12th**. Please contact the office if you have any questions or need help filling out your paperwork.



Mass on Wednesday
September 3rd is
planned by Grade 5.

(Mass begins at 9:30am)
(No shorts at Mass)

GoodDeeds Corner

* Aleaya Sowder *

CEO Award

(Chief Example for Others)

* Izabella Torrez *

* Xavier Eickmeier *

Band Instruments

Attention 5th & 6th grade
parents! Don't forget to submit
your band instrument fee ASAP.
If you need help with that fee,
please contact the office,
thank you!

BSC/ASC Invoices

Enclosed you will find your
Before School Care and After
School Care invoices. If you feel
like there is an error in your
invoice, please contact Mrs.
Sampson. Payments can be
submitted to the school office
via check or cash. Thank you!



Birthdays

2	Ronin Porter	3 rd
	Abigail Rhodes	PK
	Isaiah Rhodes	PK
4	Apolline Pere	5 th
7	Marley Hoellrich	1 st
	Garret McMahan	6 th
8	Leo McCann	PK
11	Alayah Conley	5 th
12	Jayden Fox	1 st
	Joshua Fox	1 st
14	Mrs. Detter	
15	Jace Tobias	PK
16	Gabe Alford	4 th
19	Aiden Meine	K
22	Mason Martinez	3 rd

Dads & Donuts

Dads & Donuts is Wednesday
September 24th. Please see the
enclosed flyer for more details.

Free & Reduced Lunches

Please fill out the enclosed Free
& Reduced Lunch forms. The
more forms we have returned
the more likely it is that all
students will receive free
lunches. Thanks!

Enclosures:

September Lunch Menu
BSC/ASC Invoices
Free & Reduced Lunch form

SEPTEMBER 2025

Holy Cross Catholic School

Monday

Tuesday

Wednesday

Thursday

Friday

1

Happy Labor Day

8

Pancakes
Potato Triangle
Fruit
Milk

15

Egg Sausage Cheese
Sandwich
Potato Rounds
Fruit
Milk

22

Pancake Bites
Cheesy Potato
Fruit
Milk

29

Egg Bacon Cheese
Sandwich
Fries
Fruit
Milk

2

Sloppy Joe
Sandwich
Carrots
Fruit
Milk

9

Meat Ball Sub
Baked Beans
Fruit
Milk

16

Corn Dogs
Green Beans
Fruit
Milk

23

Bosco Sticks
Carrots
Fruit
Milk

30

Mac N Cheese
Broccoli
Fruit
Milk

3

Chicken Nuggets
Green Beans
Fruit
Milk

10

Cheese Quesadilla
Carrots/Celery
Fruit
Milk

17

Spaghetti
Broccoli
Fruit
Milk

24

Chicken N Noodle
Peas
Fruit
Milk

1

Chicken Patty
Sandwich
Carrots
PButter, Ranch, Hummus
Fruit Milk

4

Walking Tacos
Refried Beans/Corn
Fruit
Milk

11

Hamburger Gravy
Mashed Potatoes
Peas
Fruit
Milk

18

Grilled Cheese
Tomato Soup
Fruit
Milk

25

Shredded Chicken
Sandwiches
Bean Soup
Fruit
Milk

2

Hot Dogs
Baked Beans
Fruit
Milk

5

Pizza
Dark Green Salad
Fruit
Milk

12

Pizza
Dark Green Salad
Fruit
Milk

19

Pizza
Carrots/Celery
Ranch, PB, and Hummus
Fruit
Milk

26

Pizza
Dark Green Salad
Fruit
Milk

3

Pizza
Mixed Veggies Cup
Fruit
Milk

Extra Milk
are available at cost.

This institution is an
Equal Opportunity Providers.

Milk \$0.60
Weekly Milk \$3.00

Menu Subject
to change.

Adult Lunch
\$5.00



JOIN US FOR

DADS N' DONUTS

DADS, PLEASE JOIN US **SEPTEMBER 24TH** FOR DONUTS
AND COFFEE! IF FATHERS CANNOT ATTEND, A
GRANDFATHER, UNCLE, OR FRIEND IS WELCOME.

COST: \$10.00 PER ADULT

ALL PROCEEDS GO TOWARDS THE 5TH GRADE CAMPING TRIP

STUDENT NAME(S)

NUMBER ATTENDING (ADULTS + CHILDREN)

TOTAL COST:

\$

**PLEASE FILL OUT AND RETURN BY SEPTEMBER 19TH.
INCLUDE MONEY WITH THE FORM IF ATTENDING.**

You are invited to our event!!

Cub Scout
Pack 70

Twilight Hike

Boys & Girls K - 5 are welcome

Sunday, September 7, 2025
6:00pm - 8:00pm

Camp Lakota
Cooper Lodge Pavillion
2180 Ginter Rd, Defiance, OH 43512

Please dress appropriately for the weather.
Wear shoes or boots good for hiking.

All Scout leadership will be available to answer any questions you may have about joining Cub Scouting.





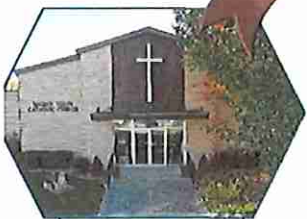
Divine Mercy Parish, Paulding/Antwerp/Payne



St. Isidore,
Marysdate
and The
Bend



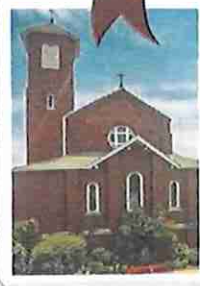
**Children's
Choir**
will sing the
**Pilgrims of Hope
Anthem**



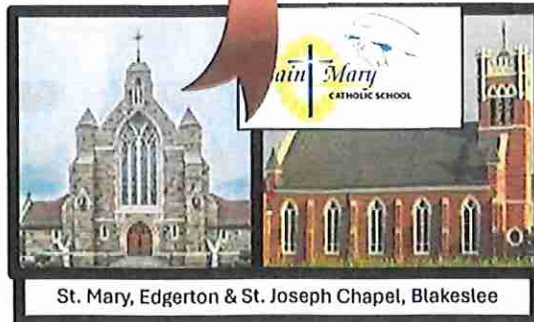
Sacred Heart,
Montpelier



St. Patrick, Bryan



St. Michael,
Hicksville



St. Mary, Edgerton & St. Joseph Chapel, Blakeslee

Jubilee Year 2025:

Pilgrims of Hope



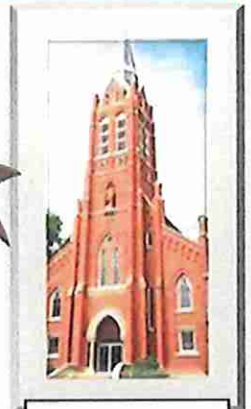
St. Maximillian Kolbe Deanery Deanery-wide Event

**October 19, 2025
2:00 p.m.**

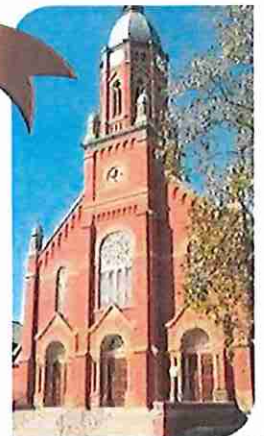
**at KofC Hall (KofC Council #1039)
111 Elliott Road, Defiance, OH 43512
Following Sunday Masses, Pilgrims from
each Deanery Parish will bring their
Parish Hope Chests to this event.**

Afternoon of Hope

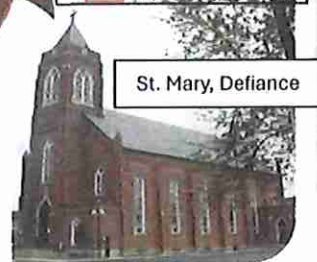
- **Art Contest**
- **Light Refreshments**
- **Children's Choir**
- **Prayer**



St. Michael Ridge,
Defiance



St. John, Defiance



St. Mary, Defiance

Art Show
Judging at Event

SAVE THE DATE!

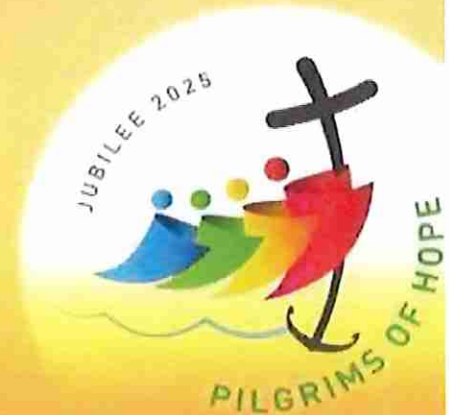
**For the Jubilee Year 2025:
Pilgrims of Hope**

St. Maximillian Kolbe Deanery Wide Event!

**October 19, 2025
2:00 p.m.**

**KofC Hall, Defiance, Ohio
(KofC Council #1039)**

...details will be coming!





1745 S. Clinton St.
Defiance, Ohio 43512
1-419-784-2021

Dear Parent/Guardian:

Children need healthy meals to learn. HCCS offers healthy meals each school day.

One of the funding models for schools is based on the free and reduced lunch program. If your household income falls at or below the limits on this chart, please fill out the free and reduced lunch forms. This is vital for funding purposes.

Thank you for your help and support,

Sincerely,

A handwritten signature in cursive script that reads "Mrs. Rose A. Reinhart".

Mrs. Rose A. Reinhart
Principal Holy Cross Catholic School
419-784-2021

INCOME ELIGIBILITY GUIDELINES 2025-2026			
Household size	Yearly	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each Additional Person:	10,175	848	196

2025-2026 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 5.

Part 3.
NAME:

7-DIGIT CASE NUMBER:

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call HCCS or 419-784-2021.
Homeless ☐ Migrant ☐ Runaway ☐

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME

(List all household members with income)

2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

	Earnings from work before deductions	Every 2 Weeks			Twice Monthly	Welfare, child support, alimony	Every 2 Weeks			Twice Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Every 2 Weeks			Twice Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
		Weekly	Monthly	Quarterly			Weekly	Monthly	Quarterly			Weekly	Monthly	Quarterly		
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ ☐ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ White ☐ Native Hawaiian or other Pacific Islander