



# Application for Admission

Please provide:

- Current Photograph
- Immunization Form
- Birth Certificate
- Baptismal Certificate (if applicable)
- Report Cards (last two years)
- Standardized Testing (last two years)
- \$75 Application Fee

*Incomplete applications cannot be processed*

*To be completed by the school office:*

Date Application Received \_\_\_\_\_

Application Fee Received \_\_\_\_\_

Registration Deposit Received \_\_\_\_\_

Applying to Grade \_\_\_\_\_

## STUDENT INFORMATION

CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Street City Zip

RELIGION \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_  
City State/Country

PLEASE CHECK THE WHAT APPLIES TO YOUR CHILD: THIS INFORMATION IS CONFIDENTIAL.

<b>Ethnic Background</b>	<b>Home Status</b>	<b>Language Spoken at Home</b>	<b>Parental Information</b>
<input type="checkbox"/> Hispanic	(Dependent & living with):	<input type="checkbox"/> English	Father: <input type="checkbox"/> Married
<input type="checkbox"/> White	<input type="checkbox"/> Both parents	<input type="checkbox"/> Spanish	<input type="checkbox"/> Single
<input type="checkbox"/> African American	<input type="checkbox"/> Father	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Separated
<input type="checkbox"/> Asian (please specify) _____	<input type="checkbox"/> Mother		<input type="checkbox"/> Remarried
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Legal Guardian	<b>Student's Spoken Language(s)</b>	<input type="checkbox"/> Divorced
<input type="checkbox"/> Filipino	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> English	<input type="checkbox"/> Deceased
<input type="checkbox"/> American Indian	<input type="checkbox"/> Shared Custody	<input type="checkbox"/> Spanish	Mother: <input type="checkbox"/> Married
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Single
<input type="checkbox"/> Other non-white			<input type="checkbox"/> Separated
			<input type="checkbox"/> Remarried
			<input type="checkbox"/> Divorced
			<input type="checkbox"/> Deceased

**Student's Citizenship:**  U.S. Citizen  
 Non-U.S. Citizen (specify country of citizenship): \_\_\_\_\_  
Student Visa:  Yes  No

## FAMILY INFORMATION

FATHER'S NAME \_\_\_\_\_

Last

First

Middle

ADDRESS \_\_\_\_\_

Street

City

State

Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Name of Business

Type of Work

BUSINESS ADDRESS \_\_\_\_\_

Number & Street

City

State

Zip

BIRTHPLACE \_\_\_\_\_ U.S. Citizen Yes No RELIGION \_\_\_\_\_

IDENTIFICATION: This information is strictly confidential

Father's social security #: \_\_\_\_\_ CA driver's license: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

Last

First

Middle

Maiden

ADDRESS \_\_\_\_\_

Number & Street

City

State

Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Type of Work

Name of Business

BUSINESS ADDRESS \_\_\_\_\_

Number & Street

City

State

Zip

BIRTHPLACE \_\_\_\_\_ U.S. Citizen Yes No RELIGION \_\_\_\_\_

IDENTIFICATION: This information is strictly confidential

Mother's social security #: \_\_\_\_\_ CA driver's license: \_\_\_\_\_

SIBLINGS NAME(S) AND DATE(S) OF BIRTH \_\_\_\_\_

IF CHILD IS NOT LIVING WITH PARENT(S):

LEGAL GUARDIAN \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Last First Middle

ADDRESS \_\_\_\_\_

Number & Street City State Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS \_\_\_\_\_

Name Number & Street City State Zip

WHO WILL BE RESPONSIBLE FOR TUITION PAYMENT? \_\_\_\_\_

WHO SHOULD RECEIVE CHILD'S RECORDS? \_\_\_\_\_

POSTAL AND EMAIL ADDRESS(ES), if different from above

Name Street & Number City State Zip

RECORD OF SACRAMENTS

BAPTISM FIRST RECONCILIATION FIRST EUCHARIST

Date \_\_\_\_\_

Church \_\_\_\_\_

City, State \_\_\_\_\_

State \_\_\_\_\_

Name of parish, church, or temple currently attending \_\_\_\_\_

City \_\_\_\_\_ Registered? (Yes/No) \_\_\_\_\_

SCHOOLING: List school(s) previously attended, include Preschool and Kindergarten as well as Elementary

SCHOOL NAME ADDRESS (Street, City, Zip, Phone) GRADE(S)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS CHILD RECEIVED SPECIAL TESTING? \_\_\_ Yes \_\_\_ No If Yes, explain \_\_\_\_\_

\_\_\_\_\_

HAS CHILD BEEN RETAINED? \_\_\_ Yes \_\_\_ No If Yes, what grade(s)? \_\_\_\_\_

HAS CHILD BEEN ADVANCED? \_\_\_ Yes \_\_\_ No If Yes, what grade(s)? \_\_\_\_\_

CHILD'S SPECIAL HEALTH CONCERNS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR INTEREST IN HOLY CROSS SCHOOL \_\_\_\_\_

NEIGHBORHOOD PUBLIC SCHOOL \_\_\_\_\_

OTHER FAMILY MEMBERS WHO ARE ATTENDING HOLY CROSS:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

OTHER FAMILY MEMBERS WHO HAVE ATTENDED HOLY CROSS SCHOOL:

Name	Year of Graduation	Name	Year of Graduation
_____	_____	_____	_____
_____	_____	_____	_____

HOW DID YOU LEARN ABOUT HOLY CROSS SCHOOL? (please check all that apply)

- Newspaper Advertisement
- Posted Flyer (location)? \_\_\_\_\_
- Web site
- Facebook page
- Parish Bulletin
- Word of mouth
- Driving through area
- Alumni referral  
Name of referring alumni \_\_\_\_\_
- Current family referral  
Name of referring family \_\_\_\_\_
- Other \_\_\_\_\_