Application for Admission
Preschool - 8th Grade

PLEASE PROVIDE:

- ☐ Current Photograph
- ☐ $75 Application Fee
- ☐ Report Cards (Past two years and current year)
- ☐ Standardized Testing (Past two years and current year)

To be completed by the school office:

Date Application Received:_____

Application Fee Received:_____

Registration Deposit Received:_____

APPLYING FOR GRADE _____

STUDENT INFORMATION:

CHILD'S NAME: _____ AGE _____ SEX _____
Last First Middle

HOME ADDRESS:_____
Street & Number City Zip

TELEPHONE: (____)_____ RELIGION: _____

BIRTHPLACE: _____ BIRTHDATE:_____
City State/Country

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD: *THIS INFORMATION IS CONFIDENTIAL*

Ethnic Background:

___ Hispanic
___ Caucasian
___ African American
___ Pacific Islander
___ Filipino
___ American Indian
___ Alaskan Native
___ Asian (specify)
_____
___ Other (specify)
_____

Living With:

___ Both parents
___ Father
___ Mother
___ Legal Guardian
___ Foster Parent
___ Shared Custody
___ Other (specify)

Language Spoken at Home :

___ English
___ Spanish
___ Other (Specify)
_____

Citizenship:

___ U.S. Citizen
___Non-U.S. Citizen(specify):
_____

Student Visa: ____Yes ____No

Parental Information:

Father: ___ Married
___ Single
___Separated
___Remarried
___ Divorced
___ Deceased

Mother: ___ Married
___ Single
___Separated
___Remarried
___ Divorced

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 (_____)_____

OCCUPATION_____
Name of Business Type of Work

BUSINESS ADDRESS_____
Number & Street City State Zip

FAMILY INFORMATION:

PARENT'S NAME_____
Last First Middle
ADDRESS_____
Number & Street City State Zip
HOME PHONE (_____)_____BUSINESS PHONE (_____)_____

CELL PHONE (_____)_____ EMAIL_____

OCCUPATION_____
Name of Business Type of Work
BUSINESSADDRESS_____
Number & Street City State Zip
BIRTHPLACE _____ U.S. Citizen ____Yes ____No RELIGION _____
IDENTIFICATION: This information is strictly confidential
CA DRIVER'S LICENSE:_____SOCIAL SECURITY NUMBER: _____

PARENT'S NAME_____
Last First Middle
ADDRESS_____
_ Number & 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
CA DRIVER'S LICENSE:_____SOCIAL SECURITY NUMBER:_____

WHO WILL BE RESPONSIBLE FOR PAYMENT OF TUITION?
_____
WHO SHOULD RECEIVE STUDENT'S RECORDS? _____
MAILING ADDRESS(ES), if different from above

_____
Name Street & Number City State Zip

OTHER FAMILY MEMBERS WHO ARE ATTENDING HOLY CROSS SCHOOL

Name	Grade	Name	Grade

OTHER FAMILY MEMBERS WHO HAVE ATTENDED HOLY CROSS SCHOOL

Name	Years	Name	Years

RECORD OF SACRAMENTS

	BAPTISM	FIRST RECONCILIATION	FIRST EUCHARIST	CONFIRMATION
Date	_____	_____	_____	_____
Church	_____	_____	_____	_____
City	_____	_____	_____	_____
State	_____	_____	_____	_____

Name of parish, church, or temple currently attending_____

City_____ Registered? (Yes/No)_____

PREVIOUS SCHOOL ATTENDED: List school(s)

SCHOOL NAME	ADDRESS (Street, City, Zip)	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PUBLIC SCHOOL DISTRICT WHERE LIVING:_____

NAME OF PUBLIC SCHOOL CHILD WOULD ATTEND:_____

REASON FOR INTEREST IN HOLY CROSS SCHOOL: _____

HAS CHILD RECEIVED EDUCATIONAL AND/OR BEHAVIORAL ASSESSMENTS? ____ Yes ____ No

If Yes, explain and provide report _____

HAS CHILD RECEIVED SPECIALIZED SERVICES ON/OFF SCHOOL SITE? _____ Yes _____ No

HAS CHILD BEEN RETAINED? ____ Yes ____ No If Yes, what grades? _____

HAS CHILD BEEN ADVANCED? ____ Yes ____ No If Yes, what grades? _____

DOES CHILD HAVE HEALTH / MEDICAL / EMOTIONAL ISSUES? _____ Yes _____ No
If yes, please explain_____

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

- ☐ Newspaper Advertisement
- ☐ Posted Flyer (location)? _____
- ☐ Website
- ☐ Facebook
- ☐ Alumni referral
  Name of referring alumni_____
- ☐ Current family referral
  Name of referring family _____
- ☐ Other _____