



# Application for Admission

## Preschool - 8<sup>th</sup> Grade

**PLEASE PROVIDE:**

- Current Photograph
- Immunization
- Birth Certificate
- \$75 Application Fee
- Baptismal Certificate (if applicable)
- Report Cards (as applicable)
- Standardized Testing (gr.1-8)

*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 & 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) \_\_\_\_\_

**Parental Information:**

- Father:    \_\_\_ Married
- \_\_\_ Single
- \_\_\_ Separated
- \_\_\_ Remarried
- \_\_\_ Divorced
- \_\_\_ Deceased

**Citizenship:**

- \_\_\_ U.S. Citizen
- \_\_\_ Non-U.S. Citizen(specify): \_\_\_\_\_

**Mother:**    \_\_\_ Married

- \_\_\_ Single
- \_\_\_ Separated
- \_\_\_ Remarried

**Student Visa:** \_\_\_ Yes \_\_\_ No    \_\_\_ 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



**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

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 ASSESMENTS?** \_\_\_\_ 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 \_\_\_\_\_