

# HOLY CROSS HIGH SCHOOL

## APPLICATION FOR ADMISSION

(PLEASE PRINT)

**STUDENT NAME:** \_\_\_\_\_  
LAST FIRST Middle

( \_\_\_\_\_ )  
Name Student Prefers

**DATE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **GENDER** \_\_\_\_\_  
MONTH DAY YEAR M or F

**CURRENT GRADE LEVEL** \_\_\_\_\_

**PRIMARY ADDRESS** \_\_\_\_\_  
STREET

**SOCIAL SECURITY NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MUST HAVE TO ELIGIBLE FOR KEES SCHOLARSHIPS)

**ADDRESS** \_\_\_\_\_  
CITY COUNTY

**RACE** \_\_\_\_\_  
(MUST HAVE TO ELIGIBLE FOR KEES SCHOLARSHIPS)

**HOME PHONE NO** \_\_\_\_\_  
STATE ZIP CODE

**EMERGENCY Phone No** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_  
CITY STATE

**TO WHAT PARISH DO YOU ATTEND** \_\_\_\_\_

**WHAT SCHOOL ARE YOU NOW ATTENDING?** \_\_\_\_\_

**RELIGION** \_\_\_\_\_

### CURRENT FAMILY DATA

	MOTHER	FATHER												
<b>NAME</b>														
Is address for both parents the same? <b>Yes</b> or <b>No</b> If No, Please use space provided for additional address and indicate Mother or Father:														
<b>PHONE NUMBERS</b>	HOME: _____ WORK: _____ CELL: _____	HOME: _____ WORK: _____ CELL: _____												
<b>MARITAL STATUS</b>	<input type="checkbox"/> Married & Living together <input type="checkbox"/> Married and Living Apart <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow/ Widower													
<b>CUSTODY (IF DIVORCED CHECK BOX)</b>	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> JOINT <input type="checkbox"/> GUARDIAN													
<b>EMPLOYER AND OCCUPATION</b>	EMPLOYER NAME: OCCUPATION:	EMPLOYER NAME: OCCUPATION:												
<b>EMAIL</b>														
<b>CONTACTS</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>CONTACT PRIORITY (1 OR 2)</b></td> <td style="width: 20%;"><b>OK TO PICKUP</b></td> <td style="width: 20%;"><b>LIVES WITH</b></td> <td style="width: 30%;"><b>RECIEVES MAILINGS</b></td> </tr> <tr> <td><b>MOTHER</b></td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> <tr> <td><b>FATHER</b></td> <td>Y N</td> <td>Y N</td> <td>Y N</td> </tr> </table>		<b>CONTACT PRIORITY (1 OR 2)</b>	<b>OK TO PICKUP</b>	<b>LIVES WITH</b>	<b>RECIEVES MAILINGS</b>	<b>MOTHER</b>	Y N	Y N	Y N	<b>FATHER</b>	Y N	Y N	Y N
<b>CONTACT PRIORITY (1 OR 2)</b>	<b>OK TO PICKUP</b>	<b>LIVES WITH</b>	<b>RECIEVES MAILINGS</b>											
<b>MOTHER</b>	Y N	Y N	Y N											
<b>FATHER</b>	Y N	Y N	Y N											
<b>ALTERNATE PHONE IF PARENT CANNOT BE REACHED</b>	NAME/ RELATION _____ PHONE: _____	NAME/ RELATION _____ PHONE: _____												

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DEAR PARENTS,

The members of the faculty and staff of Holy Cross High School are interested in helping you, and your son or daughter, experience academic success. Please supply answers to the following questions and add any comments that you feel are important for us to know our work with your son or daughter.

Physical Disabilities:

Poor Vision	Yes_____	No_____
Poor Hearing	Yes_____	No_____
Seizure Disorder	Yes_____	No_____
Diabetes	Yes_____	No_____
Asthma	Yes_____	No_____
Other:		

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Does your son or daughter require medication during the day? Yes \_\_\_\_\_ No\_\_\_\_\_

Explain:

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Documented Learning Disabilities (Check those that apply)

ADD & ADHD	<input type="checkbox"/>	
Dyslexia	<input type="checkbox"/>	
Special Learning Dis.	<input type="checkbox"/>	
Autism (ASD)	<input type="checkbox"/>	
Other: (explain)	<input type="checkbox"/>	_____

Accommodations: \_\_\_\_\_

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Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_