

HOLY CROSS HIGH SCHOOL

APPLICATION FOR ADMISSION
(PLEASE PRINT)

STUDENT NAME: _____ (_____)
LAST FIRST Middle Name Student Prefers

DATE OF BIRTH: ____/____/____ GENDER: _____ CURRENT GRADE LEVEL: _____
MONTH DAY YEAR M or F

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 _____ WHAT PARISH DO YOU ATTEND: _____

WHAT SCHOOL ARE YOU NOW ATTENDING? _____ RELIGION _____

CURRENT FAMILY DATA			
	MOTHER	FATHER	
NAME	_____	_____	
Is address for both parents the same? Yes or No If No, Please use space provided for additional address and indicate Mother or Father:			
PHONE NUMBERS	HOME: _____ WORK: _____ CELL: _____	HOME: _____ WORK: _____ CELL: _____	
MARITAL STATUS	<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		
CUSTODY (IF DIVORCED CHECK BOX)	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> JOINT <input type="checkbox"/> GUARDIAN		
EMPLOYER AND OCCUPATION	EMPLOYER NAME: _____ OCCUPATION: _____	EMPLOYER NAME: _____ OCCUPATION: _____	
EMAIL	_____		
CONTACTS	CONTACT PRIORITY (1 OR 2)	OK TO PICKUP	LIVES WITH
MOTHER	_____	Y N	Y N
FATHER	_____	Y N	Y N
ALTERNATE PHONE IF PARENT CANNOT BE REACHED	NAME/ RELATION _____ PHONE: _____	NAME/ RELATION _____ PHONE: _____	RECEIVES MAILINGS Y N

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