



HOLY CROSS CATHOLIC SCHOOL

New Student Application

Academic Year of Admission: _____ Grade Level for Application: _____

Student's Full Name: _____

Last

First

Middle

Address: _____ City, State, ZIP: _____

Date of Birth: _____ Age: _____ Gender: _____ Birthplace: _____

Religion: _____ Religion/Church Affiliation: _____ Was student baptized? _____

Parent Information

Father	Step-Father	Male Guardian	Mother	Step-Mother	Female Guardian
Name:_____			Name:_____		
Home Address:_____			Home Address:_____		
City/State/ZIP:_____			City/State/ZIP:_____		
Home Phone:_____		Cell Phone:_____	Home Phone:_____		Cell Phone:_____
Email:_____			Email:_____		
Employer:_____			Employer:_____		
Job Title:_____			Job Title:_____		
Religion/Church Affiliation:_____			Religion/Church Affiliation:_____		

If applicable, please provide step-parent information:

Name:_____	Name:_____
Home Phone:_____ Cell Phone:_____	Home Phone:_____ Cell Phone:_____
Email:_____	Email:_____

Please List Any Siblings

Name:_____	School/Grade:_____
Name:_____	School/Grade:_____

Student Background

	Yes	No
Is the applicant ineligible to return to any previously attended school(s)?		
Have the applicant's absences and/or tardies exceeded school attendance policies?		
Has the applicant ever skipped a grade?		
Has the applicant ever repeated a grade?		
Has the student ever had any disciplinary difficulty in school? If Yes, please explain:		
Has the applicant ever been suspended, expelled, or asked to leave any school? If Yes, please explain:		
Has the applicant ever been placed on academic probation? If Yes, please explain:		
Does the applicant have any physical, mental, or emotional conditions which may affect his/her activities or academic progress? If Yes, please explain:		
Does the applicant require any special curricular or classroom modifications? If Yes, please explain:		

Check Any Support Services the Applicant Currently Receives:			
<input type="checkbox"/>	Remedial Reading/Learning Specialist	<input type="checkbox"/>	Social Health Services
<input type="checkbox"/>	School Psychological Services	<input type="checkbox"/>	School Social Work Services
<input type="checkbox"/>	Speech/Language Services	<input type="checkbox"/>	Hearing Impaired Services
<input type="checkbox"/>	Hospitalized/Homebound Services	<input type="checkbox"/>	Visually Impaired Services
<input type="checkbox"/>	Evaluation/Diagnostic Services	<input type="checkbox"/>	Teach Consultant Services

Does the applicant have any allergies? _____

Does the applicant require daily medication? _____

All students are required to have on file a Health Appraisal form prior to admission. Please note that kindergarten students are required to complete a Health Background Information form prior to admission.

HOLY CROSS CATHOLIC SCHOOL

Parent Agreement

I/We understand that Holy Cross Catholic School has been established for the purpose of providing a Catholic education to all students enrolling at the school. I/We further understand that the proper spirit, attitude, and commitment of each parent and student are vital to the achievement of that purpose.

I/we understand that while my/our student is in attendance I/we will promote and encourage academic excellence, observance of all school policies and procedures, and will maintain a respectful and cooperative attitude with the faculty, administration, and other parents. Holy Cross Catholic School reserves the right to terminate this enrollment agreement during the term of the agreement in accordance with school policies.

I/We pledge to meet all of the financial agreements I/we make with Holy Cross Catholic School, including financial obligations that may remain after the applicant graduates or is withdrawn from Holy Cross Catholic School. I/we understand that delinquency in payments may result in student records, attendance at school, and/or re-enrollment being withheld from the student.

I/We affirm I/we have no outstanding obligations (financial or other) to any prior schools.

I/We grant permission for Holy Cross Catholic School to teach all elements of the Statement of Faith to the applicant, and to support Holy Cross in encouraging and guiding my/our child in living out the Gospel message of Christ.

I/We affirm that all of the information contained in this application is true and accurate to the best of my/our knowledge and my/our signature below authorizes Holy Cross to verify all such information. I/We understand that providing false information is sufficient grounds for the rejection of the applicant and/or withdrawal of the student.

Statement of Faith

I/We understand that Holy Cross Catholic School is a member of the Roman Catholic Archdiocese of Detroit, and that it is the mission of this school to teach each student the Gospel message of Jesus Christ in the traditions of the Holy Roman Catholic Church. As such, I/we acknowledge and support the fact that the applicant, as well as all students at Holy Cross Catholic School, will receive instruction in the Roman Catholic faith.

I/We understand that, regardless of the faith tradition taught in the home, all students of Holy Cross Catholic School will respectfully participate in the religious celebrations, to the fullest extent possible, inherent to our Catholic community, including but not limited to participation in the school liturgical celebrations, daily prayer, and communal prayers such as the Rosary, Stations of the Cross, and Eucharistic Adoration.

I/We understand that Holy Cross Catholic School is a participant in the evangelical mission of the Holy Roman Catholic Church, with its purpose and mission to encourage the discipleship and faith formation of all believers.

Parent Signature _____ Date _____

Parent Signature _____ Date _____