

Diocese of Fort Wayne – South Bend  
Holy Cross School

**Office Use Only**

Last Name \_\_\_\_\_

Student ID \_\_\_\_\_

Baptism Certificate on File?  Yes  No

Birth Certificate on File?  Yes  No

**NEW STUDENT ENROLLMENT FORM – Early Childhood Classes  
2017-2018 School Year**

**Entering this program for the 2017-2018 School Year: (Please Print)**

Age of Child as of August 1, 2017 \_\_\_\_\_

Half Day  
 Full Day

Prekindergarten  
 Kindergarten

Traditional Track Preferred  
 Immersion Track Preferred

Comments / Questions on above preferences: \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender:  Female  Male  
Last First Middle

Date of Birth \_\_\_\_\_ City, State and Country of Birth \_\_\_\_\_  
Month/Day/Year

Home Address \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

Home Phone \_\_\_\_\_

Medical Condition (Allergy, Asthma, Heart Condition, etc. *Please be specific*)  
\_\_\_\_\_  
\_\_\_\_\_

Student's Religion \_\_\_\_\_

**Student Ethnicity / Race Data – Both Questions  
MUST be answered (for statistical purposes only)**

Is this child Hispanic / Latino? (*Choose only one*)

No, not Hispanic / Latino

Yes, Hispanic / Latino

What is the child's race? (*Choose one or more*)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Baptism:	Date:	Church:	City:	State:
Holy Communion:	Date:	Church:	City:	State:
Confirmation:	Date:	Church:	City:	State:

**Previous Schools Attended:**

School Name:	City/State:	Grade(s):
School Name:	City/State:	Grade(s):
School Name:	City/State:	Grade(s):
School Name:	City/State:	Grade(s):

In what public school corporation does the child reside? \_\_\_\_\_

Has this child ever been tested for, and/or received, any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)?  Yes  No If yes, please explain: \_\_\_\_\_

How did you hear about Holy Cross School? \_\_\_\_\_

Printed Name of Parent / Guardian \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

**OFFICE USE ONLY**

Tuition Agreement Form \_\_\_\_\_

Final decision on enrollment rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school). (P4020)

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current. (4020)

**Mother's or Guardian's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Living  Deceased

Education (Check highest level reached)

Grade School  High School  College Courses

College Degree  Postgraduate

Religion: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Father's or Guardian's Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Living  Deceased

Education (Check highest level reached)

Grade School  High School  College Courses

College Degree  Postgraduate

Religion: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**PLEASE CHECK WHO IS TO RECEIVE ALL WRITTEN CORRESPONDENCE – PLEASE INCLUDE NAME AS IT IS TO APPEAR ON CORRESPONDENCE:**

Mr. & Mrs. **OR**  Mr. **OR**  Mrs. **OR**  Ms. / **NAME:** \_\_\_\_\_

**PLEASE WRITE ADDRESS WHERE WE ARE TO SEND ALL WRITTEN CORRESPONDENCE:**

**ADDRESS:** \_\_\_\_\_

**List children who will attend Holy Cross School in 2017-18**

**List all other children in family**

Name	Birth Date (Month/Day/Year)	Age	Name	Birth Date (Month/Day/Year)	Age

**Child lives with**  Both Parents  Mother  Father  Stepmother  Stepfather  Grandparent

Extended Family / Other (Please specify) \_\_\_\_\_

**Parents' Marital Status**  Married  Single, never married

Divorced\*  Separated\*  Remarried\* (\*Copy of custody/guardianship papers required)

**Registered Parishioners at:** \_\_\_\_\_

**Is there a language other than English often spoken in the home?**  Yes  No If yes, what language? \_\_\_\_\_

**In what language would you prefer to communicate with the school?** \_\_\_\_\_

**Printed Name of Parent / Guardian** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_