

Diocese of Fort Wayne – South Bend
Holy Cross School

NEW STUDENT ENROLLMENT FORM - GRADES 1-8
2017-2018 School Year

Office Use Only

Last Name _____

Student ID _____

Baptism Certificate on File? Yes No

Birth Certificate on File? Yes No

(Please Print)

Grade for Upcoming 2017-2018 School Year: _____ *(An interview may be required for students new to the school.)*

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 _____ Date _____

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** _____