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|  |  |  |  |  |  |  |  |  |  | **Holy Cross Catholic School** | | | | | | | | | |  |  |  | | | | | | |  |  |
|  |  |  |  |  |  |  | **2019-2020 Family Registration, K-8** | | | | | | | | | | | | | | |  |  |
|  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **1** | |  | *Student’s Last Name* | | | | | |  | *First Name* | | | | | | | | *2019-2020 Gr.* | | *Gender* | | *Birth Date* | | | |  | *Religion* | |  |  |
|  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **2** | |  | *Student’s Last Name* | | | | | |  | *First Name* | | | | | | | | *2019-2020 Gr.* | | *Gender* | | *Birth Date* | | | |  | *Religion* | |  |  |
|  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **3** | |  | *Student’s Last Name* | | | | | |  | *First Name* | | | | | | | | *2019-2020 Gr.* | | *Gender* | | *Birth Date* | | | |  | *Religion* | |  |  |
|  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **4** | |  | *Student’s Last Name* | | | | | |  | *First Name* | | | | | | | | *2019-2020 Gr.* | | *Gender* | | *Birth Date* | | | |  | *Religion* | |  |  |
|  |  | |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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|  | *Name of parent #1 (please state relation to child)* | | | | | | | | | | | | | | | | | | | *Cell Phone* | | | | | |  | *Work Phone* | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  | *Street Address* | | | |  |  |  |  |  | *City, State,* | | | | *Zip* |  | *E-mail* |  |  | | | |  | *Landline (if applicable)* | |  |  |
|  |  | | | |  |  |  |  | | |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |
|  | *Name of parent # 2 (if applicable) (please state relation to child)* | | | | | | | | | | | | | | | | | | | *Cell Phone* | | | | | |  | *Work Phone* | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
|  |  |  |  |  | *Street Address* | | | |  |  |  |  |  | *City, State* | | | | *Zip* |  | *E-mail* |  |  | | | |  | *Landline (if applicable)* | |  |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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|  |  |  |  |  | Please indicate student’s racial/ethnic background:   * African American Parent is an alum of Holy Cross School * Asian * Caucasian No * Hispanic * Native American Yes Graduation Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Native Hawaiian/Pacific Islander Maiden name if applicable: * Multi-Racial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | |  | | |  | | |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
|  | *Joint Custodial Parent’s Address (if not given above)* | | | | | | | | | | |  |  | *City* | | | |  |  | *State* |  | *Zip Code* | | | |  | *Home Phone* | |  |  |
|  |  | | | | | | |  |  | |  | |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | | | | | | |  |  | |  | |  | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | *What is the student’s first language?* | | | | | | |  | *Language spoken at home?* | | | | | | | |  | *Parent #1’s religion: Parent #2’s* | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | *religion:* |  |  |  |
|  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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|  |  | | | | | | | | | |  |  |  | | | | |  | | | | |  | |  | | |  |  |  |
|  | *Parent #1 employer* | | | | | | | | | | |  | *Occupation* | | | |  | *Student lives with (circle all that apply)* | | | | | | | | | | |  |  |
|  |  | | | | | | | | | |  |  |  | | | |  |  | Mother |  |  | Father | |  |  |  | Stepmother |  |  |  |
|  | *Parent # 2 employer* | | | | | | | | | | |  | *Occupation* | | | |  |  | Guardian |  |  |  | |  |  |  | Stepfather |  |  |  |
|  |  | | | | | | | | | |  | |  | | | | Other (specify) | | | | | | |  |  | | |  |  |  |
|  |  | | | | | | | | | |  | |  | | | | | | | | | | |  |  | | |  |  |  |
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|  |  | | | | | | | |  |  |  |  |  | | | | | | | | |  |  | |  |  |  |  |  |  |
|  | Name of Parent/Guardian filing application | | | | | | | |  |  |  |  | Signature of Parent/Guardian filing application | | | | | | | | |  |  | | Date |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |