

Application Checklist

IMCOMPLETE APPLICATIONS CANNOT BE PROCESSED FOR ENROLLMENT AT HOLY CROSS
Admission Office 210-433-2178 Fax 210-433-1666

A photo copy of the following items or records will be required before the student's application can be processed.

- A Receipt of the Paid Holy Cross Registration Fee
- Social Security Card Copy
- Immunization Record
- Semester Grades or Final Report Card
- A Sealed Final Transcript From Last School Attended Including SAT Scores (Stanford Test)
- Three Letters of Recommendation from current school
- Placement Examination
- Signed Agreements from Student Handbook (last 3 pages)
- Survey for Federal Funding

For Office Use Only

This student's initial interview has been completed. Date: _____

Signature of Counselor or Other Interviewer: _____

Student Records

Student ID: _____
Issued by Holy Cross

Date: _____ **This information is required for each student.**

SSN: _____ Current Grade Level: _____ Applying for Grade Level: _____

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address; _____ City; _____ St: _____

Zip Code; _____ Gender: M _____ F _____ Date of Birth: _____

Student Cell Phone # _____ Religion: _____ Ethnicity: _____

Name of Parish\Church _____

Name and address of last school attended: _____

Name of public high school student would attend: _____

Family Records

Family ID: _____
Issued by Holy Cross

This information form is required for each adult individual who is the responsible parent or guardian.

Family Member One: -----Does student reside with this family member? _____

Relation to Student: _____ Title: _____

First Name: _____ Middle Name: _____

Last Name: _____

Home Phone: (____) - _____ Cell Phone: (____) - _____

Work Phone: (____) - _____ Email: _____

Occupation: _____ Employer: _____

Family Member Two: -----Does student reside with this family member? _____

Relation to Student: _____ Title: _____

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: _____

Home Phone: (____) - _____ Cell Phone: (____) - _____

Work Phone: (____) - _____ Ext: _____ Email: _____

Occupation: _____ Employer: _____

Emergency Contact (Secondary Relation) Records

Pickup: _____	Emergency Contact: _____
Relation to Student: _____	Title: _____
First Name: _____	Last Name: _____
Work Phone: _____	Ext. _____ Home Phone: _____ Cell #: _____
Employer: _____	Occupation: _____

Pickup: _____	Emergency Contact: _____
Relation to Student: _____	Title: _____
First Name: _____	Last Name: _____
Work Phone: _____	Ext. _____ Home Phone: _____ Cell #: _____
Employer: _____	Occupation: _____

Relatives Who Currently Attend Holy Cross of San Antonio

Name	Status	Grade Level	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Information

Required for students who will park on campus.

Driver's License #: _____ Driver's License State: _____

Model: _____ Year: _____

Tag #: _____ Parking Permit #: _____

Make: _____ Expiration Date: _____

Vehicle Insurance Information

Provider: _____

Policy #: _____ Phone: _____

Medical Information

Physician

Doctor Name: _____ Main Phone: _____ Other Phones: _____

Dentist Name: _____ Main Phone: _____

Medical History

Is the student currently receiving treatment for any serious illnesses or injuries?

If so, please list or explain below.

Date	Description
_____	_____
_____	_____
_____	_____

Please list any allergies and any prescription medicines taken each day.

Type	Description
_____	_____
_____	_____
_____	_____

Immunizations

A copy of the most recent immunizations records is, by law, required for all students. If you do not have one, you must contact your local Health Department in order to obtain one. This copy must be submitted to Holy Cross before any student can begin attending classes.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian: _____

Remarks: _____

Holy Cross **does not offer** the special education instructional modification program (I.M.P.). Holy Cross does offer the following services.

- Title I Program
 - Tutoring
 - Parent Conferences
 - One-to-One Tutoring on a limited basis
 - Some Assignment Modification
 - Counseling
-
-

I agree that we have read and completed the Holy Cross Application for Enrollment

Name of Student

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

HOLY CROSS OF SAN ANTONIO aka Holy Cross Jr-Sr High School

SCHOOL YEAR 09-10

Dear Parents,

You may know that the HOLY CROSS OF SAN ANTONIO has participated in a program known as E-Rate for the past several years. E-Rate (Educational-rate discount) is the common name for the Universal Service Fund (USF) for schools and libraries and provides discounts to schools and libraries across the country to ensure that **we receive affordable access to certain universal services such as internet, telephone, network maintenance and network infrastructure.**

Since the 1997-98 school year, HOLY CROSS OF SAN ANTONIO has received substantial discounts on local and long distance telephone service, internet access, and the internal connections to build and maintain computer networks that are connected to the internet. We are now entering the thirteenth year of the program, and **we need your help.**

The income level of the families of our students determines the level of discounts our school will receive. **These savings help improve communication and educational opportunities for our children at our school sites, and save the school a substantial amount of money.**

You can greatly assist HOLY CROSS OF SAN ANTONIO in qualifying for the largest discount allowable by providing us with some very general information. Please take a minute to fill out and return the attached form to HOLY CROSS OF SAN ANTONIO front office **ASAP. This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-rate.**

We need everyone to return this survey – not just those families that fall within the income levels described – in order for the survey to be considered valid.

Thanks for your participation in helping HOLY CROSS OF SAN ANTONIO stretch its resources to best serve all students. If you have any questions, please call our office at 433-9395.

Thank you,

Brother Stanley Culotta, CSC
President

If you live in a Title 1 school area, we need this survey to be included in the Title 1 survey to qualify for Title 1 services. If you do not wish to be included in the Title 1 survey and do **not want to receive Title 1 services, please check this box.**

For the E-Rate survey, your son's/daughter's name will be cut off from this sheet when the survey is completed. We need to keep track of the families completing the survey.

