

HOLY CROSS CATHOLIC SCHOOL REGISTRATION FORM

Student Name _____ M _____ F _____ Age _____ Grade _____

D.O.B. _____ SS# _____ Phone # _____

Physical Address _____

Student's Religion _____ Church Attending _____

U.S. Citizen: Yes _____ No _____ Country of Birth _____

Father's Name _____

Single _____ Separated _____ Married _____

Deceased _____ Remarried _____ Divorced _____

Phone # _____

Mailing Address _____

Email Address _____

Religion _____

Occupation _____

Mother's Name _____

Single _____ Separated _____ Married _____

Deceased _____ Remarried _____ Divorced _____

Phone # _____

Mailing Address _____

Email Address _____

Religion _____

Occupation _____

If Applicable

Guardian _____

Relationship to Student _____

Phone # _____

Address _____

Email Address _____

Occupation _____

District where student resides:

Public School where student would attend:

Did either parent attend Holy Cross Catholic School?

Yes _____ No _____

Name of parent/s that attended:

	DATE	CHURCH	CITY, STATE
BAPTISM			
FIRST COMMUNION			

HEALTH QUESTIONNAIRE AND PERMISSION FOR TESTING PROGRAMS

Student _____
Last Name
First
Middle

Physician _____ Phone # _____

Dentist _____ Phone # _____

Please provide a date for any illnesses your child has had.

ILLNESS	DATE	ILLNESS	DATE
Allergy		Measles	
Asthma		Mumps	
Back Injury		Pneumonia	
Bronchitis		Poliomyelitis	
Chicken Pox		Rheumatic Fever	
Convulsions		Scarlet Fever	
Diabetes		Serious Injury	
Ear Infections		Surgery	
Ear Problems		Tonsillitis	
Epilepsy		Tuberculosis	
Head Injury		Vision Loss	
Hearing Loss		Whooping Cough	
Heart Disease		Other	
Hepatitis			
Kidney Problems			

If your child is on medication, please refer to the “Medication Policy” in the Student-Parent Handbook regarding the dispensing of medication in school.

IMMUNIZATION DOCUMENTATION: According to the Texas Department of Health guidelines, any document will be acceptable, provided it has been validated by a physician or public health personnel.

PERMISSION FOR TESTING PROGRAMS

Permission is given this date _____, for my child _____ to participate in the Health Program at Holy Cross Catholic School, to include **EYES, EARS, SCOLIOSIS SCREENING, AND GENERAL HEALTH CHECKS**. This permission continues in effect until revoked.

Parent/Guardian Signature _____ Date _____

HOLY CROSS CATHOLIC SCHOOL REGISTRATION

Dear Parent:

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form.

Thank you for choosing to educate your child/children in a Catholic school in the Diocese of Victoria.

Sincerely,

John E. Quarry
Superintendent of Schools

_____ **Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent; (Cambodia, China, India, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)

_____ **American Indian/Native American:** identifies as one of the two classifications of Native Americans

_____ **Black/African American:** identifies as black whether from the U.S., Africa or other parts of the world

_____ **Hispanic:** identifies as of Hispanic origin

_____ **Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the U.S. (but not non-Hawaiian residents of Hawaii); also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia

_____ **White:** Caucasian from any part of the world (including Middle East) that does not identify as one of the other groups

_____ **Multi-racial:** person belongs to more than one racial group

Family Name: _____

Name(s) of children enrolled in this school:

Home Language Survey
Grades PreK-3 — 5th Grade

Date _____

Student Name _____

School Name: Holy Cross Catholic School

TO BE FILLED IN BY PARENT OR GUARDIAN:

- (1) What language is spoken in your home most of the time? _____
- (2) What language does your child speak most of the time? _____
- (3) What language does your child's primary caregiver speak most of the time? _____

Parent/Guardian Signature

Cuestionario De Idioma Hogareno
Grados PreK-3 — 5th Grade

Fecha _____

Nombre del estudiante _____

Escuela: Holy Cross Catholic School

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:

- (1) Cual es el idioma que mas se habla en su hogar? _____
- (2) Cual es el idioma que su hijo/hija habla mas? _____
- (3) Cual es el idioma que habla la persona que esta mas con su hijo/hija? _____

Firma del Padre/Guardian

SPECIAL NEEDS INFORMATION DISCLOSURE FORM

We, at Holy Cross Catholic School, enter into partnership with you, the parent(s)/guardian(s), to provide the best education for your child. To make appropriate decisions for your child's benefit, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional or educational history that may affect the learning environment or the educational progress of the child be disclosed. Failure to provide this information may prohibit the staff of Holy Cross Catholic School from meeting the individual needs of your child, and consequently, present reason to request that your child not continue at this school.

STUDENT NAME: _____ ENTERING GRADE: _____

ALL INFORMATION IS HELD IN CONFIDENCE

Has your child...

yes ___ no ___ been tested for any special concerns academic, attention deficit, learning problems, behavior or other?

yes ___ no ___ been referred for Special Education Services (testing or classes)?
If so, please describe. _____

yes ___ no ___ ever been on medication for educational purposes? This would include attention deficit, hyper activity, and learning disability.
If so, please describe. _____

yes ___ no ___ ever needed medication for his/her emotional health in order to function in a school setting?
If so, please describe. _____

yes ___ no ___ ever had special services provided?
If so, please describe. _____

yes ___ no ___ Are you willing to share the test results with the administration of this school?

yes ___ no ___ Would you allow a copy of these test results to be placed in a confidential student file at this school?

Parent/Guardian Signature: _____ Date: _____

HOLY CROSS CATHOLIC SCHOOL REGISTRATION

Name(s) of children in the family and name of the school each attends.

Name

School

Name

School

Name

School

Name

School

Parent/Guardian Signature