



HOLY CROSS SCHOOL

436 Broadway. South Portland. Maine 04106

Chris L'Abbe
Principal

Msgr. Michael Henchal
Pastor

Telephone: (207) 799-6661 Fax: (207) 799-7912 Website: www.holycrossmaine.org

NEW Pre-Kindergarten to Eighth Grade Application

A non-refundable \$200.00 per family fee must accompany this application. Original birth certificate and proof of immunization (or waiver) must accompany registrations for all new students to the school.

Application Date: _____ Student is applying for enrollment in: Academic Year: _____ Grade: _____

Student Demographic Information:

Name: _____ Religion: _____
Last First Middle

Gender: _____ Male _____ Female Date of Birth: _____ Place of Birth: _____

Home Address: _____
Street City/Town State Zip

Resides with: (check all that apply)

_____ Both Parents _____ Mother _____ Father _____ Legal Guardian

If parents are divorced, what is the custody status of the student? (Please check one.)

_____ Custody to Mother _____ Custody to Father _____ Joint Custody

Contact Information:

Mother: _____ Religion: _____
Last First M.I.

Home Address: _____
Street City/Town State Zip

Home Phone:() Work Phone:() Cell:()

Cell Provider: (This is to be used for our alert system only.) _____

Email Address: _____ Place of Employment: _____

Father: _____ Religion: _____
Last First M.I.

Home Address: _____
Street City/Town State Zip

Home Phone:() Work Phone:() Cell:()

Cell Provider: (This is to be used for our alert system only.) _____

Email Address: _____ Place of Employment: _____

Guardian: (Other than mother or father, if applicable.)

Guardian: _____ Relationship to Student: _____
Last First

Home Address: _____
Street City/Town State Zip

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

Cell Provider: (This is to be used for our alert system only.) _____

Email Address: _____ Place of Employment: _____

Financial Responsibility:

Who has financial responsibility for student? _____

Where should financial information be mailed:

Address: _____
Street City/Town State Zip

Religious Information:

Name of Parish/Church your family attends: _____

Please indicate how often you and your family attend church:

___ Weekly ___ 2-3 Times per month ___ Once a month ___ Less than once a month

Family Information:

Are there any siblings at home? ___ Yes ___ No

If Yes, please list sibling's information:

Name _____ Age _____ School Attending _____ Grade _____

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Information required by State/Federal agencies:

Language spoken at home (if other than English): _____

Ethnicity: (Please check all that apply.)

___ African American/Black ___ Caucasian//White ___ Not Provided

___ American Indian/Native Alaskan ___ Hawaiian/Other Pacific Islander ___ Two or More Races

___ Asian ___ Hispanic

Does your son/daughter have an IEP? ___Yes ___No If 'Yes', please attach a copy of the IEP.

Name and City of your previous school: _____

Emergency Contact(s):

Name: _____ Phone No.: _____ Relationship: _____

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