Holy Cross Academy

4020 Barrington Rd
Oneida, NY 13421
(315) 363-1669

EIN: 16-1515770

Dear Parents/Guardian:

Enclosed you will find forms relevant to the re-registration process which must be submitted in a timely manner.

The following are due

- **Application for Transportation to Non-Public Schools.** This form must be forwarded to the student's home district before April 1, 2006, so please return them to Holy Cross by March 24. To those undecided about registering or future busing needs, it is recommended that the transportation form be submitted at this time. This does not obligate you in any way, but guarantees busing if required.

- **Re-registration.** Re-registration form is complete to prevent delays in processing and also, please include the **re-registration fee** of $25 per student. An additional book fee of $50 is required *if registering after June 1*.

- All 10th grade students require a physical exam given after May 1. Any student playing sports MUST have a physical within one year of the sports season.

Tuition has been set at $2200 for one student and $3300 for a family for the 2006-2007 school year.

If you have any questions, please contact us by calling 363-1669. We are all looking forward to a wonderful school year!

In Christ,
Holy Cross Academy

Holy Cross Academy
Student Application Form

Applying for Academic Year:
- ❑ **2016-2017**
- ❑ **2017-2018**

Student Information

Legal Name: _____ Entering Grade: _____
Last First Middle

Address: _____
Street City State Zip

Mailing Address: _____ Telephone: _____
(If different from physical address)

Male: ___ Female: ___ Age: _____ Date of Birth (mm/dd/yy): _____ Place of Birth: _____

Ethnicity: _____ How did applicant hear of HCA: _____

Education Information

School District in which student resides: _____ Current School: _____

Phone Number of Current School: _____ Current Overall Average: A B C D F

If homeschooled, curriculum applicant is using: _____

Estimated Grade Average in : English _____ Math _____

Please list high school Science courses applicant has taken: _____

Please list any credited Foreign Language courses applicant has taken: _____

Has the applicant ever been suspended or expelled from a previous school? Yes ___ No ___
If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has the applicant ever been evaluated for any learning disability or psychological disorder? Yes ___ No ___
If yes, please explain on a separate sheet of paper.
Please be aware that Holy Cross Academy supplies limited programs for students with learning disabilities.

Please describe any family or health concerns of which Holy Cross Academy should be aware:

_____

References

Please list two references *not related* to the applicant:

Name: _____ Address: _____
Phone: _____ How does applicant know this person: _____

Name: _____ Address: _____
Phone: _____ How does applicant know this person: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Address: _____

Relation to Applicant: _____ Occupation: _____Employer_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Marital Status: Married ___ Single___ Separated___ Divorced ___

Name: _____ Address: _____

Relation to Applicant: _____ Occupation: _____Employer_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Name and address of person responsible for tuition/fees payment: _____

_____

_____

Student lives with: Both Parents___ Mother___ Father___ Legal Guardian___
Shared Custody___ Stepmother___ Stepfather___

Applicant's Siblings (names & ages): _____

_____

RELIGIOUS AFFILIATION

A form will be sent to your pastor to verify active membership in your Church.

Religious Affiliation (applicant): _____ Church Name: _____

Church Address: _____
Street City State Zip

Pastor:_____ Pastor Phone: _____

Religious Affiliation: Father/Guardian _____ Mother/Guardian _____

How often does applicant attend Mass or Church Services: _____

Religious subjects are discussed at home: Never ___ Seldom ___ Occasionally ___ Often ___ Always ___

For Catholic Applicants:	**Date**	**Parish**	**City & State**
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Following acceptance, documentation will be required from your Parish.

STUDENT INTERESTS

Please answer the following questions. If necessary, please use a separate piece of paper.

1) Why are your Faith and your education important to you?

_____

_____

_____

_____

2) What are your primary interests outside of school (special interests, hobbies, talents, sports)?

_____

_____

_____

_____

3) Do you belong to any organizations or clubs outside of school? Please list them.

_____

_____

_____

_____

4) Do you play any musical instruments or sing in any choirs? Please list them.

_____

_____

_____

_____

5) What books have you recently read?

_____

_____

_____

6) What is your favorite subject in school and why? What subject do you need to improve in and why?

_____

_____

_____

_____

_____

APPLICATION CHECKLIST

To be considered for admission, the following must be submitted to Holy Cross Academy. Incomplete applications will not be considered until all the necessary documentation is submitted.

- ❑ Student Application Form
- ❑ $40 Non-Refundable Application Fee
- ❑ Application for Transportation to Non-Public Schools
- ❑ Current Report Card and the **Previous Year's** Report Card

The Application for Transportation to Non-Public Schools must be forwarded to the student's home school district before April 1.

I understand the mission and philosophy of Holy Cross Academy and I agree to work closely with the Academy to ensure the best possible education for my child.

I verify that the information contained within this application is accurate and complete.

Father's / Guardian's Signature: _____ Date: _____

Mother's / Guardian's Signature: _____ Date: _____

Please return completed application and $40 application fee to:

Holy Cross Academy
Attn: Admissions
4020 Barrington Rd
Oneida, NY 13421

- *For Office Use Only* -

- ❑ Application Received _____/_____/_____
- ❑ Application Fee _____/_____/_____
- ❑ Principal Interview _____/_____/_____
- ❑ Admissions Board Review _____/_____/_____
- ❑ Church Attendance Verification _____/_____/_____
- ❑ Book Fee Paid (if registering after **6/1**) _____/_____/_____
- ❑ Registration _____/_____/_____

Notes: