



# HOLY CROSS ACADEMY STUDENT APPLICATION FORM

Applying for  
Academic Year:

2012-2013

2013-2014

## 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

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?**

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

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

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

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**5) What books have you recently read?**

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

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## 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:**