



Holy Cross Christian Academy

Application for Admissions

Date _____

***Application Fee \$50 and Curriculum Fee: \$200.00 (CIRCLE: Included/Not Included)**

**Please note that your child's application will be reviewed upon receipt of application fee.*

Student Information

Name (as on birth certificate) _____

Prefers to be called: _____

DOB _____

Address: _____

SSN: _____

Gender: Male Female

School your child is currently attending: _____

Reason for leaving current school:

My child will be in the following grade for 2021-2022 School Year: _____

My child was retained ('held back') in grade(s): _____

Guardian Information

With whom does your child currently live? _____

Responsible Parent Name: _____ Social Security # _____

Guardian/ Parent 1

Name: _____

Home # _____

Cell # _____

Work # _____

Email: _____

Address: _____

City/State/Zip: _____

Guardian/Parent 2

Name: _____

Home # _____

Cell# _____

Work# _____

Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Background Information

My child and I were referred to Holy Cross Christian Academy by: _____

List **all** schools your child has attended: _____

Is your child being served as an ESE student: Yes _____ No _____

My child has an IEP: Yes _____ No _____

My child has a 504: Yes _____ No _____

If "Yes," what is your child's learning exceptionality: _____

Have you applied for a scholarship (ex: Mckay, Step Up For Student, Gardiner)_____

Why do you think Holy Cross Christian Academy might be the right choice for your child?

From what physician does your child receive medical attention?

Is your child taking any medications? If so, list type of medication *and* for what diagnosis:

In the past, or currently, has the child been given any mental health diagnosis? If yes, please explain:

Describe the classroom setting in which your child currently is (# of students, etc.):

What are your child's interests?

What does your child do for fun?

Describe your child's strengths & weaknesses:

Disciplinary Record

Has your child ever been suspended from any school: Yes: _____ No : _____
If "yes," please explain:

Has your child ever been expelled or placed in an alternative school: Yes: _____ No: _____
If "yes," please explain:

Has your child ever been convicted of a crime?
If so, please explain:



Holy Cross Christian Academy

To Whom it May Concern:

Your currently and/or previously enrolled student _____ whose Date of Birth is _____ is seeking enrollment at Holy Cross Christian Academy, Inc. As part of our enrollment process we ask that the parents supply us with records from the student's prior school to determine if the student is appropriate for our school setting. Therefore, we are requesting that you, as the prior school, forward us the following information: **current or most recent report card, transcripts, results of recent statewide testing, any testing in relationship to ESE status as well as I.E.P.'s and ALL DISCIPLINARY (if no discipline-please note) and attendance records.**

Please email or mail all pertinent information to:

HolyCrossChristianAcademy@gmail.com

Holy Cross Christian Academy Attention: records department
10096 US Hwy 129
Live Oak, FL 32060

The parent's signature authorizing the release of records is noted below.

I _____ the parent (legal guardian) of _____, hereby request that you forward the above noted documentation, for the purpose of possible admissions, regarding my child, to the representatives of Holy Cross Christian Academy.

Signature of Parent or Legal Guardian

Date

Sincerely,
Wende Rosado
Administrator/Owner

Address: 10096 S US HWY 129, Live Oak, FL 32060

website: www.HolyCrossChristianAcademy.org