



## **Application for Admission Kindergarten – Twelfth Grade**

### **The Mission Statement of Holy Cross Regional Catholic School**

The mission of Holy Cross Regional Catholic School is to cultivate, within the school community, a challenging learning environment grounded in Catholic values and traditions that will empower our students to engage in a lifetime of service, challenge them to become leaders, and encourage them to share the message of God.

**Holy Cross Regional Catholic School**  
2125 Langhorne Road  
Lynchburg, VA 24502  
434-847-5436  
FAX 434-847-4156  
[www.hcrs-va.org](http://www.hcrs-va.org)



Names/relationships of relatives who have attended Holy Cross Catholic School \_\_\_\_\_

### **Church Information**

If Catholic, please indicate your parish affiliation: Holy Cross Church \_\_\_\_\_ St. Thomas More \_\_\_\_\_

St. Francis of Assisi \_\_\_\_\_ Holy Name of Mary \_\_\_\_\_ Other \_\_\_\_\_

Student's church history:

Baptism – date/church/city and state \_\_\_\_\_

First Communion – date/church/city and state \_\_\_\_\_

Confirmation – date/church/city and state \_\_\_\_\_

If non-Catholic, please indicate your place of worship \_\_\_\_\_

### **Student Academic Information**

Does your child have any special health problems that the school should know about? \_\_\_\_\_

Are there any unusual home situations or living arrangements that the school should know about? \_\_\_\_\_

Is there any information about your child's readiness level that you would like the teacher to know? \_\_\_\_\_

Has your child been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what grade(s) \_\_\_\_\_

Has your child been tested for a gifted program? \_\_\_\_\_ Yes \_\_\_\_\_ No

When and by whom \_\_\_\_\_

Has your child ever been recommended for an educational evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and by whom \_\_\_\_\_

Details of results \_\_\_\_\_

Does your child have special needs (IEP, ISP, 504 Plan, Class accommodation, etc.) \_\_\_\_\_

Has your child had any academic difficulties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details \_\_\_\_\_

Has your child missed more than 20 days in any of the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details \_\_\_\_\_

Has your child ever been suspended from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details \_\_\_\_\_

Has your child ever been expelled or receive an extended suspension from any school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details \_\_\_\_\_

### **Student Health Information**

Date of child's last physical exam: \_\_\_\_\_

Are all immunizations up-to-date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have a previous or current medical condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

Does your child have allergies to medication, food, or bee stings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

Does your child require medication to be administered by the school nurse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

**Student Personal Information (To be completed by the student for Grades 6 – 12)**

How did you hear about Holy Cross Catholic School? \_\_\_\_\_

Extra Curricular Activities \_\_\_\_\_

Honors, Awards \_\_\_\_\_

Achievements \_\_\_\_\_

Talents/Interests/Hobbies \_\_\_\_\_

Are you interested in any sports? Please list \_\_\_\_\_

In which academic subjects are you most interested? \_\_\_\_\_

In any you are least interested? \_\_\_\_\_

What do you like about your current school?

If there was one thing you could change, what would that be?

Describe your favorite teacher. Why has this person made such a strong impression on you?

Describe, in your own words, why you would like to attend Holy Cross Regional Catholic School.

Please use this space to provide any additional comments that you will help us get to know you better.  
*Thank you for your honesty!*

*We attest that all of the information on this application is true and complete to the best of our knowledge. I understand that Holy Cross has the right to deny admittance to or force the withdrawal of any student whose acceptance is based on false or incomplete information.*

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Student (Grade 6 – 12) \_\_\_\_\_ Date \_\_\_\_\_

Holy Cross Regional Catholic School admits students of any race, color, sex, and religion, national and ethnic origin.

It is the School's right and sole discretion to dismiss or suspend any student for lack of progress or for conduct that is not in the best interest of the student and/or the school. Refund policy applies. Please see the Parent-Student Handbook for additional information.

Holy Cross Regional Catholic School is a fully accredited college preparatory school for students in pre-kindergarten through twelfth grade. Holy Cross has passed the rigorous accreditation requirements of both the Southern Association of Colleges and Schools (SACS) and the Schools council on Accreditation and School Improvement. (CASA).

# Application Process and Checklist for Kindergarten – Twelfth Grade

## Admissions Process

1. Complete the **Application for Admission** and **Release Records** form and return information to the Enrollment Office, Holy Cross Regional Catholic School.
2. Schedule an assessment test appointment.
3. **Complete the assessment testing.** The admissions team will review the student's completed file to determine admission and placement. A one-time \$50.00 non-refundable assessment/placement fee is required per child. International students will be assessed for placement upon arrival and enrollment to Holy Cross School.
4. Parents will be notified regarding the results.
5. Upon acceptance, an annual \$300.00 non-refundable registration fee will be assessed.
6. No student will be enrolled or permitted to begin school without confirmation from the Finance Office indicating that all financial obligations are in order.
7. Families applying for financial assistance must complete the **FACTS financial aid application.**

## Parent Checklist

1. Completed application for admission
2. One-time \$50.00 Assessment/testing fee per student
3. Copy of student previous school(s) academic records (includes grades, attendance, and discipline history)
4. Grading code/key for transcript review
5. Copy of student standardized Testing Records
6. Information and testing regarding any special needs (such as gifted program, psychological testing, counseling, speech and language therapy, occupational therapy, IEP, 504, etc.)
7. Complete immunization records and recent (within 6 months) physical examination record
8. Copy of Birth Certificate
9. Copy of Baptismal Certificate
10. Annual \$300.00 non-refundable registration fee per family

## Additional Information for International Students and Non-U.S. Citizens Only

1. Requirements for the INS Document I-20 include:
  - Bank statements indicating financial ability
  - Academic credentials indicating English ability
  - Name and address of U.S.A. parent, relative, or guardian housing student
2. Application materials required (school records, health records, health insurance, financial records) must be submitted/translated in English
3. A 400 word essay, *Why I want to attend Holy Cross Catholic School and study in the U.S.A.*, must also be included in application materials