*HOLY CROSS SCHOOL*

*240 North Bishop Avenue*

*Springfield, PA 19064*

TELEPHONE: (610) 626-1709 [www.hcscrusaders.com](http://www.hcscrusaders.com) FAX: (610) 626-1859

*AGREEMENT FOR ADMISSION*

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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It is my/our wish that my/our child attend HOLY CROSS PARISH SCHOOL. I/We understand that my/our child is obligated to attend classes in religion and fulfill the requirements for this subject and also to attend all religious functions offered as part of the school program.

I/We assume the obligation to pay the specified tuition and agree to support the philosophy, goals, objectives and regulations of the school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school official) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent/guardian) (date)