

**Holy Cross School**

**240 North Bishop Avenue, Springfield, PA 19064**

**610-626-1709** [**www.hcscrusaders.com**](http://www.hcscrusaders.com)

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| **FAMILY INFORMATION** | **MOTHER** | **FATHER** |
| Full Name |  |  |
| Mother’s Maiden Name |  |  |
| Country of Birth |  |  |
| Home Address |  |  |
| Home Phone Number |  |  |
| Cell Phone Number |  |  |
| Preferred Email Address |  |  |
| Occupation |  |  |
| Employer |  |  |
| Work Phone Number |  |  |
| If either is a graduate ofHoly Cross , please list graduation year. |  |  |

 **Best email address for family communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Marital Status** (Please check all that apply)

\_\_\_ Single \_\_\_ Married \_\_\_ Separated\* \_\_\_ Divorced\*

\_\_\_ Mother Deceased \_\_\_ Mother Remarried

\_\_\_ Father Deceased \_\_\_ Father Remarried

\*NOTE: Parents must provide the school with a current court order or decree of custody for the student’s file in the case that you are, or will be divorced, separated, unmarried , or have any other special circumstances regarding custody of the child/ren. If there are any specific instructions regarding the release of the child’s records they must be in writing and signed by the parent or parents with the court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.