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

***CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF INSTRUCTIONAL MATERIALS (ACT 195***)

I hereby request of the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1972) and Act 88 (1975), for my child(ren) attending:

*HOLY CROSS SCHOOL*

*IN SPRINGFIELD (DELAWARE COUNTY)*

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PLEASE PRINT THE FOLLOWING INFORMATION: