



Holy Cross Lutheran School  
304 South Street  
Collinsville, Illinois 62234  
618-344-3145

## APPLICATION FOR ADMISSION

**STUDENT INFORMATION** Level applying for \_\_\_\_\_ Beginning \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Address City State Zip

Birthdate Place of Birth Gender Baptism Date

Current School Date of enrollment

School Phone Administrator

Other school previously attended Dates Attended

Other school previously attended Dates Attended

## FAMILY INFORMATION

Student lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other:  
(specify) \_\_\_\_\_

**Guardian #1:** \_\_\_\_\_  
First Last Relationship to student

Occupation Home/Cell Phone Work Phone Email

Church Membership Marital Status

**Guardian #2:** \_\_\_\_\_  
First Last Relationship to student

*Complete address if different from with whom child resides.*

Address City State Zip

Occupation Home/Cell Phone Work Phone E-mail

Church Membership Marital Status

Other children with whom the student resides:

Name	Age	Current School	Grade
<hr/>			
<hr/>			
<hr/>			

Applicant's Church membership

---

Pastor's Name \_\_\_\_\_ Denomination: \_\_\_\_\_

I wish to inquire about having my child(ren) baptized.

Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_ Is the applicant bilingual? \_\_\_\_\_

Please provide a few words or phrases you feel describe your child.

---

---

---

---

---

Please comment on your child's school experience.

---

---

---

---

---

What do you want your child to gain at Holy Cross Lutheran School?

---

---

---

---

If there are circumstances that have affected or might affect your child's school performance, please explain below. For example: skipping or repeating a grade, specific learning style, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

---

---

---

Please list any allergies your child may have: \_\_\_\_\_

Does your child have or did your child have an Individualized Education Plan (IEP)? \_\_\_\_\_

If yes, date of last review: \_\_\_\_\_

Did a current Holy Cross school family refer you to our school? \_\_\_\_\_

If yes, please name: \_\_\_\_\_

I affirm that all information on this application is true and accurate. I/We request that the above named child be enrolled at Holy Cross Lutheran School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Non-discriminatory Policy**

Holy Cross Lutheran School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, financial policies, athletics, or any other school-administered programs.

PLEASE NOTE: In order to request admission, the following must be submitted, along with this application:

- \$50 Application Fee
- Records Release form (if transferring from another school)
- Parental Agreement (signed)
- Birth Certificate (copy)

<b>Office Use Only</b>
Date received: _____
Application Fee: _____
Parental Agreement: _____
Birth Certificate: _____

