

TRUE CROSS CATHOLIC SCHOOL
400 FM 517 EAST
DICKINSON, TEXAS 77539
APPLICATION FORM FOR NEW STUDENTS
2019-2020

APPLICATION TO GRADE: _____ DATE: _____

STUDENT: ___ MALE ___ FEMALE PHONE# _____

FULL NAME: _____
(Last) (First) (Middle) (Nickname)

ADDRESS _____
(Street) (City) (State) (Zip)

BIRTH DATE: _____ AGE _____ BIRTHPLACE _____ SS# _____

IF DIVORCED/SEPARATED CHILD RESIDES WITH _____

RELIGION: _____ PLACE OF WORSHIP: _____

SACRAMENTS RECEIVED: **(COPY OF CERTIFICATES REQUIRED)**

___ BAPTISM ___ RECONCILIATION ___ EUCHARIST ___ CONFIRMATION

ETHNIC BACKGROUND:

___ CAUCASIAN ___ HISPANIC ___ BLACK ___ OTHER _____

WHAT LANGUAGE IS SPOKEN IN THE STUDENT'S HOME _____

CURRENT OR MOST RECENT SCHOOL: _____ DISTRICT _____

ADDRESS: _____ PHONE: _____ GRADES ATTENDED: _____

REASON FOR DESIRE TO TRANSFER: _____

DESCRIBE ANY TUTORING OR SPECIAL HELP THE CHILD IS RECEIVING OR HAS RECEIVED.

DESCRIBE ANY SPECIAL NEEDS OF THE CHILD OF WHICH THE SCHOOL SHOULD BE AWARE.
(EDUCATIONAL, HEALTH, ETC.)

OFFICE USE ONLY:

Social Security Card _____	Report Card _____	Registration Fee _____	App. Fee _____
Birth Certificate _____	Shot Record _____	Cash _____	Cash _____
Baptismal Certificate _____	Ach Test Scores _____	Check _____	Check _____
Reconciliation _____	Eucharist _____	COURT ORDER OR DECREE: _____	

HOW DID YOU HEAR ABOUT TRUE CROSS SCHOOL? RELATIVE _____ FRIEND _____ NEWSPAPER _____

OTHER (PLEASE SPECIFY)

IN WHICH PUBLIC SCHOOL DISTRICT DOES STUDENT RESIDE: _____

HAS STUDENT BEEN SUSPENDED OR ASKED TO LEAVE ANY SCHOOL? _____ NO _____ YES:

EXPLANATION _____

CHILDREN IN THE FAMILY AND NAME OF SCHOOL EACH ATTENDS.

NAME _____ SCHOOL _____

____NAME _____ SCHOOL _____

NAME _____ SCHOOL _____

FATHER

_____(_____)
First Middle Last (Marital Status)

HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

Email ADDRESS _____ CELL PHONE# _____

RELIGION: _____ PLACE OF WORSHIP: _____

MOTHER

_____(_____)
First Last MAIDEN NAME (Marital Status)

HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

Email ADDRESS _____ CELL PHONE# _____

RELIGION: _____ PLACE OF WORSHIP: _____

PLEASE RETURN COMPLETED FORM AND APPLICATION FEE (NON-REFUNDABLE).
Please provide a copy of any current Court Order or Decree relating to the custody/conservatorship of this student.

ADDITIONAL INFORMATION REQUESTED

MATERNAL GRANDPARENTS

PATERNAL GRANDPARENTS

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, ST ZIP _____

CITY, ST ZIP _____

YOU MAY RECEIVE A PHONE CALL TO ARRANGE AN INTERVIEW.

PAYMENT OPTIONS:

FULL TUITION DUE August 1, 2017 _____ 10 MONTHLY PAYMENT DUE 1ST OF MONTH BEGINNING AUGUST 1, 2017 _____