



# HOLY CROSS ACADEMY

*It's About the Children!*

## STUDENT INFORMATION FORM

*Parent/Guardian: Please give this form to your child's current teacher or principal.*

Student name: \_\_\_\_\_ date of birth: \_\_\_\_\_

School currently attending \_\_\_\_\_ grade: \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

*To be filled out by the student's current teacher*

\_\_\_\_\_ is applying for admission to Holy Cross Academy for grade \_\_\_\_\_. Please complete and return this information form to our school office at your earliest convenience so that we can consider this student for admission to our school.

	excellent	good	fair	unsatisfactory
General attitude				
Respect for religion/prayer				
Academic effort				
Relationship with teachers				
Respect for authority				
Pride in work				
Cooperation				
Study habits				
Relationship with peers				
Conduct				

Days absent for the current school year: \_\_\_\_\_ days tardy: \_\_\_\_\_

Current Reading instruction level: \_\_\_\_\_ Current Math instruction level: \_\_\_\_\_

Please comment on the student's general achievement and conduct, noting any significant strengths or weaknesses. If this is a faith-based school, please include comments on the student's commitment to learning about and living the faith.

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Please describe any special needs that this student has:

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If the student has exhibited any behavior that would be detrimental to the good order of the school or class, please comment below:

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If the student requires any classroom accommodations, please describe them below:

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Additional comments:

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Thank you for your assistance. Please mail this completed form to:

*Principal  
Holy Cross Academy  
250 Stafford Lakes Parkway  
Fredericksburg, VA 22406*

Teacher Signature: \_\_\_\_\_ date: \_\_\_\_\_