

EMERGENCY INFORMATION

Emergency Contact (other than parent or guardian) _____

Relationship _____ Phone Number _____ Cell Phone _____

2nd Emergency Contact _____ Relationship _____

Phone Number _____ Cell Phone _____

In the event of an emergency, I (parent or guardian name) _____
give Holy Cross Catholic Academy permission to seek medical assistance for my child:

_____ Signed _____ Date _____

Are there any chronic medical conditions that the school needs to be aware of? _____ if so please list below:

Student Name _____ Condition _____

Medication _____

Primary Physician _____

Phone Number _____

Insurance Company _____ Policy Number _____

SACRAMENTS

Parish and Date of Baptism _____

Parish and Date of First Communion (if Catholic) _____

Parish and Date of Confirmation (if Catholic) _____

Number of students enrolled at HCCA _____ Number of children in family _____

Religion: Registered Catholic _____ Other _____ Family Parish/Church _____

For scholarship purposes and to assist us in accurately reporting the racial/ethnic composition of our students, please circle one of the following in **each category**:

Ethnicity: Hispanic _____ Non-Hispanic _____

Race: American Indian/Native Alaskan Asian Black
Native Hawaiian/Pacific Islander White Two or more races

Holy Cross Catholic Academy admits students of any race, color, sex, creed and national origin.