



HOLY CROSS SCHOOL

4900 Strathmore Avenue, P.O. Box 249, Garrett Park, MD 20896
TEL: (301) 949-1699 **** FAX: (301) 949-5074

2010-11 REGISTRATION FORM

Please print clearly and answer all questions

COMPLETE ONE FORM FOR ALL RETURNING STUDENT(S)

Date: _____

Family LAST Name: _____

Student's Name: _____	Student D.O.B. ___/___/___	Entering Grade ___
Student's Name: _____	Student D.O.B. ___/___/___	Entering Grade ___
Student's Name: _____	Student D.O.B. ___/___/___	Entering Grade ___
Student's Name: _____	Student D.O.B. ___/___/___	Entering Grade ___

Home Street Address: _____
 City : _____ State: _____ Zip: _____
 Home Tel : _____

COMPLETE FOR PARENTS (OR LEGAL GUARDIAN)

M= Mother; SM= Stepmother; F= Father; SF= Stepfather; GP= Grandparent; LG= Legal Guardian

Name	Relationship	Telephone Contacts
_____	_____ (W) _____	Cell _____
_____	_____ (W) _____	Cell _____
_____	_____ (W) _____	Cell _____

ADDITIONAL INFORMATION:

Catholic _____ Non-Catholic _____

If Catholic, name of Parish: _____

REGISTRATION FEE:

- A **\$350 REGISTRATION PER STUDENT** MUST ACCOMPANY THIS FORM.
This deposit becomes non-refundable upon enrollment.

Number of Students _____ x \$350 = \$ _____

_____	_____	_____
PRINT NAME	SIGNATURE	DATE

Registration forms need to be received no later than Wednesday, March 17, 2010.

OFFICE USE ONLY:
 REGISTRATION FEE: _____ CHECK # _____ DATE _____