Santa Cruz Catholic School
P.O. Box 160, Buda, Texas 78610
Phone: 512-312-2137 Fax: 512-312-2143
Email: mquintanilla@sccstx.org

INFORMATION FOR SHADOW PROGRAM

Toured SCCS: ☐ Yes ☐ No **Note: $150 Fee is payable the day of participation**

Applying for grade _____ Present grade_____

Student's full name _____
First Middle Last

Nickname_____ Gender: Male ☐ Female ☐

Birthdate _____-_____-_____ Age on September 1, current year: _____
Month Day Year

Place of Birth: City_____State_____County_____

Present Address _____
Street Address City State/Zip

Primary Phone _____Secondary Phone _____

Family Email _____

United States Citizen? ☐ Yes ☐ No Primary Language _____

Secondary Language _____

Name of current school (if any): _____

Allergies: _____

I**/We hereby authorize SCCS to obtain all scholastic information and files from previous schools.**

_____ _____
Signature Date