



Application for Admission

I. Admission Procedure

The following are required:

- A completed application form
• Activities fee and a non-refundable registration fee accompanying application
• Immunization records
• Proof of age
• An interview with parents or guardian

Crossroads does not discriminate on the basis of race, color, birth biological sex, or nationality.

II. Student Information

Name of Student _____ Home Phone (____) ____ - ____

Address _____ Town _____ State _____ ZIP _____

Age _____ Birth date ____ / ____ / ____ Birth biological sex (circle one): Male Female

Ethnic Group (used for state reporting, please circle one)
African-American Asian Caucasian Hispanic Native American Other

Local School District _____

Requested date for enrollment _____

Applying for (circle one): AM 3-year old AM 4-year-old
Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Father's Name _____ Cell Phone (____) ____ - ____

Mother's Name _____ Cell Phone (____) ____ - ____

Stepparent(s) _____ Telephone (____) ____ - ____

Guardianship/Resides with _____ Telephone (____) ____ - ____

Parent/Guardian email _____

Court Order in Effect? Yes No If yes, please describe _____

I was referred to Crossroads by _____

Do you regularly attend a local church? Yes No

If yes, which church? _____

III. What is your reason for applying to Crossroads? _____

IV. Transfer Student Information

Enrollment in grades 1-8 requires a transfer of records from the student's previous school. Please indicate the school your child is transferring from.

School Name _____

Address _____ Town _____ State _____ ZIP _____

Has the student ever been dismissed or suspended from any school? If so, please explain. _____

Has the child ever been evaluated by a Child Study Team? _____

If classified, please list the classification _____ Date _____

V. Tuition Payment plan:

Please circle one: K-8th grade: 10 months (Aug-May) 12 months (July-June) Pay in full
PreSchool: 10 months (Aug-May, May tuition paid at Registration) Pay in full

VI. Medical Information

Child's Doctor _____ Telephone (_____) _____ - _____

Please indicate any special physical, emotional, social, medical, or allergic factors which may have bearing on your child's performance. _____

VII. References

List the name of one individual who can speak as a reference for your family:

Name _____ Telephone (_____) _____ - _____

Child's Grandparents:

Name _____

Address _____ Town _____ State _____ ZIP _____

Name _____

Address _____ Town _____ State _____ ZIP _____

VIII. Place checkmarks acknowledging each of the following statements:

- I have read and understand the Statement of Faith.
- In applying for admission I express my desire to have my child(ren) receive an education in harmony with the Statement of Faith. I understand that the Bible is an integral part of the school curriculum and that all subjects will be presented from a Christian perspective.
- I will encourage my child spiritually, emotionally, and academically in all phases of student life.
- A student's attendance at Crossroads Christian Academy is considered a privilege. As stated in the Family Handbook, to achieve the goals of Crossroads, standards of student conduct, academic progress, and cooperation with the school authority have been established. Adherence to these standards is expected from the students and should be encouraged by the parents. Failure to maintain this standard will be grounds for disciplinary action by the teacher or administration. Both students and a parent/guardian must sign and return the Annual Agreement each year.
- I will do my best to attend meetings and all school functions.
- If I choose to voluntarily withdraw my child(ren) or if I am requested to withdraw my child(ren) by the school administration, it is understood that no refund of registration fee or tuition will be made.

Signed _____ Date ____ / ____ / ____

Signed _____ Date ____ / ____ / ____