



**Student Application for 20 \_\_\_\_ / 20 \_\_\_\_ School Year  
High School**

**Student Information:**

Student Name: first, middle, last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Student's Email: \_\_\_\_\_

**Parent Information:**

Father / Guardian Name \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

Mother / Guardian Name \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

Step Parent(s) Name \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

*Resides with:* \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other

**Educational Background:**

Name(s) of ALL schools attended (public, private, cyber, homeschool co-op) and grades for each:

Most Recent Grade Completed \_\_\_\_\_ School District of Residence \_\_\_\_\_

Has your child ever been suspended or expelled from a school? If yes, please explain the circumstances and resulting action plan.

If previously homeschooled, please provide their evaluator's name, email, phone number:

**Student Name: first, middle, last** \_\_\_\_\_

**Has your child ever been diagnosed with or exhibit symptoms of any of the following:**

<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Oppositional Defiant Disorder (ODD)
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Depression and / or extreme anxiety
<input type="checkbox"/>	Physically handicap	<input type="checkbox"/>	Asperger's Syndrome
<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Emotional Disturbances
<input type="checkbox"/>	Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/>	Behavioral Disorder
<input type="checkbox"/>	Dyslexia, Dysgraphia, or Dyscalculia	<input type="checkbox"/>	Brain Injury
<input type="checkbox"/>	Speech or Language Issues	<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	Attention Deficit Disorder with hyperactivity (ADHD)

Please comment on any checked diagnosis' above:

Has your child ever had an IEP or 504 plan? \_\_\_\_\_ If yes, please explain:

Does your child have any special needs or accommodations that we should know about to help facilitate learning for him or her? If yes, please explain.

In what academic areas is your child most successful ? Explain.

In what academic areas does your child experience the most frustrations? Explain.

**Student Name: first, middle, last** \_\_\_\_\_

Please list one educational reference and their contact information (Example: homeschool evaluator, co-op director, guidance counselor, teacher). Include their name, position, and phone number:

Please attach a character reference/program recommendation letter or statement from a children/youth worker, pastor, Sunday school teacher, teacher, employer, etc. (Preferably an unrelated adult)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only	Date received	Check Number
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- **Crossroads reserves the right to review the information stated above with the given evaluator.**
- **Crossroads Admissions does not discriminate on the basis of race, gender, nationality, ethnic origin, family status, parental employment or association with a board member or employee. However, Crossroads is an independent, tax exempt 501(c)(3) education led by a board of trustees. As such, we reserve the right to make admissions on the basis of religious commitment of faith.**
- **Please fill out all forms. Incomplete forms will not be accepted.**
- **Please note Crossroads is not equipped to meet the needs of students with moderate to severe learning, emotional, or behavioral difficulties.**
- **Completion of application does not guarantee acceptance into Crossroads. Admission to the program is subject to a family/student interview, student assessment (typically Grades pre-k-1), and current program openings.**