



Student Application for 20 ____ / 20 ____ School Year

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: evaluator's name, email, phone number:

Student Name: first, middle, last _____

List one educational reference that we may contact (ex: homeschool evaluator, co-op director, guidance counselor, teacher). Include name, position, and phone number:

List one character reference that we may contact (children/youth pastor, Sunday school teacher, etc.)

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.

Student Name: first, middle, last _____

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

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

List specific hobbies / extracurricular / community service / sports / church activities:

Parent Signature _____ **Date** _____

- **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.**

Office use only	Date received	Check Number
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