

CROSS ROAD KINDERGARTEN & SCHOOL
STUDENT APPLICATION FORM FOR SCHOOL YEAR 2009-2010
BEGINNER - 2ND GRADE

STUDENT INFORMATION: (One application form per student)

Name: _____ Sex: _____ Entering Grade: _____
 First Middle Last

Birthdate: _____ Birthplace: _____

Christian Baptism: _____ Name/ Address of School Last Attended: _____
 Yes or No

Phone/ fax # _____

Brothers and Sisters enrolled at Cross Road Kindergarten & School or TCCA:

GENERAL INFORMATION:

How did you first learn about Cross Road Kindergarten? (First year families only, please)

From a neighbor or friend _____ Yellow Pages _____ Website _____ Driving by our school _____ Direct mailing _____
Newspaper advertising _____ Referral from our satellite schools _____ Other _____

FAMILY INFORMATION:

Student's Address: _____

City and State: _____, _____ Zip: _____

Mailing Address (if different): _____

City and State: _____, _____ Zip: _____

Home Phone: _____ Parent E-mail Address(es): _____

Father/Guardian: _____ Employment: _____

Position: _____ Business Phone: _____ Cell # _____

Address (if not the same as student's): _____

Home Phone: _____

Mother/Guardian: _____ Employment: _____

Position: _____ Business Phone: _____ Cell # _____

Address (if not the same as student's): _____

Home Phone: _____

Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY CHILD(REN) FROM SCHOOL:

Please check YES and give a phone number next to those people, authorized to be called in the event of an EMERGENCY and parents cannot be reached.

EMERGENCY CONTACT?

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

MEDICAL / SPECIAL INFORMATION:

Family Physician: _____ Phone#: _____

Medical or Special information about the student for School Nurse or Teacher:

Is student right handed/left handed? (please circle one)

CHURCH AFFILIATION: (optional)

Name: _____ Pastor: _____

Address(City and State): _____

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In signing this form, I understand and agree to the following:

1. That all, ethical standards of Cross Road Kindergarten & School will be based on the Law of God as summarized in the Ten Commandments.
2. That in order for my child to benefit fully from Cross Road, I must support the teachers and administrative staff. If questions or disagreements arise, I will seek rectification privately, only with faculty or staff members involved.
3. That my transferring student will require placement testing and evaluation of special needs before this registration can be confirmed.
4. That Cross Road Kindergarten & School reserves the right to deny, suspend, or rescind admission to any student that is judged to cause any negative effect upon the student body.
5. That I authorize the administration of any emergency medical treatment, which may be required for my child.
6. That I will supply Cross Road Kindergarten with immunization documentation for my child by the start of school.
7. That Cross Road Kindergarten & School may occasionally use photos of my child(ren)(without names) for website and articles in various publications. I further understand that if I do not wish for my child(ren)'s photos to be used, I must inform the school in writing.

Father/Guardian Signature: _____ Date: _____

Print name above: _____

Mother/Guardian Signature: _____ Date: _____

Print name above: _____

To Complete Application Process:

Please complete and sign this application form, and submit along with first weeks payment, and registration fee to the school office.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

INITIALS: _____