

Crossroad Christian School

3899 Richmond Hwy.
Tappahannock, VA 22560
(804) 466-4296

ADMISSIONS APPLICATION

Date _____ School year for which you are applying _____ Entering Grade _____

Student Information

Last Name: _____ First Name _____ MI _____

Date of Birth: ____/____/____ Sex: M/F Last grade Completed: ____

Student Address: _____

City: _____ State: _____ Zip Code _____

Please check all of the following statements that apply to your child:

____ Student lives with natural parent(s) or legally adoptive parent(s).

____ Parents not living together. Student's primary residence is with: Mother\Father.

____ Student lives with a natural parent and step-parent.

____ Student lives apart from parents and resides with: _____

____ Student has a custody court order. (Please provide a copy of court order to CCS.)

Family information

Father/Guardian Name: _____

Address (if different from student's).

Cell Phone _____ E-mail _____

Father's Employer: _____

Work Phone: _____

Mother/Guardian Name: _____

Address if different from student'

Cell Phone _____ E-mail _____

Mother's Employer: _____

Work Phone: _____

Permission for Internet, Name and Picture Use

Please check all that apply.

___ I give permission for my child to use the Internet (with supervision) at school and for school related assignments.

___ I give permission for my child's **picture** to be used in the newspaper or other publications.

___ I give permission for my child's **name** to be used in the newspaper or other publications.

___ I give permission for my child's **picture** to be used on the Crossroad Christian School website.

___ I give permission for my child's **picture** to be used on Crossroad Christian social media.

Parent's signature: _____ Date: _____

Permission for Student Pick Up

In case of emergency or unforeseen circumstances, I give permission to Crossroad Christian School to release my child to the following person(s) listed below:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Name of person(s) NOT allowed to pick up your child(ren) _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Emergency, Illness, and Health Information

Does your child have any medical conditions we should be aware of? Y/N

If yes, please indicate:

Please list any specific allergies:

Does your child have an epi pen, inhaler, or nebulizer? Y/N

Consent to Emergency Medical Treatment

I, _____, give my legal consent and authorize any representative of Crossroad Christian School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my child, _____, for any injury or illness of an emergency nature he/she incurred while in school or on a school field trip.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child. I acknowledge and agree that Crossroad Christian School is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original.

If my child requires emergency medical treatment, I understand that school personnel may provide emergency medical treatment if it is determined necessary. I also understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school.

Student Registration or Re-registration Fee

For this application to be complete, all students must submit the following:

- A \$200 non-refundable registration fee.
- Copy of original birth certificate
- Copy of social security card
- Copy of records from previous school and signed transcript for **high school** students

Academic History (for new students)

Do not fill out if your child is already a student at CCS.

Please list all the schools your child has previously attended beginning with the most recent. Please include the full address of each school. If more space is needed please provide the information on a separate sheet of paper.

School Name	Address	Phone #	Dates Attended	Grade
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Crossroad Christian School is not equipped to teach children with significant physical or learning disabilities or those with behavioral issues. Please answer the following questions to help us determine if we can adequately meet your child's needs.

Has your child ever repeated a grade for any reason? Y/N

If yes, please explain.

Has your child ever been referred for testing or placed in a special program for any type of learning, behavior, or mental health issues? Y/N

If yes, please explain.

Has your child ever experienced disciplinary problems at school? Y/N

If yes, please explain.
