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| **Copies of the following must accompany this application:**  • $25 registration fee • Most recent report card or transcript • Copy of IEP, if applicable • Recent photo of student  **Return application to Crossroads School, PO Box 183, Longmont, CO 80502 or info@crossroadslongmont.org** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Personal Information** | | **Date \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_** | | | | | | | | |
| **Student’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Social Security Number \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_**  **Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current Grade \_\_\_\_\_\_\_ Interested in Enrolling for (grade/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
|  | |  | | | | | | | | |
| **Family Information** | | Please Check Primary Daytime Contact | | | | | | | | |
| **Parent/Guardian #1** | | | | | **Parent/Guardian #2** | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| ** Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | ** Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| ** Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | ** Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| ** Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | ** Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Primary language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Primary language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Legal access to records Y / N** | | | | | **Legal access to records Y / N** | | | | | |
| **Student lives with:  Both parents  Mother  Father  Grandparent(s)  Guardian  Other** | | | | | | | | | | |
|  | | | | | | | | | | |
| **English-speaking contact, if parents don’t speak English** | | | | | | |  | | |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
|  | | | | | | | | | |
| ** Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| ** Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Please Answer Each Question Thoroughly** | | | | |  | | | | |
| **What are your primary concerns about your student’s schooling?**  **What issues/problems have you seen in the past?**  **What are your student’s greatest strengths/interests (in and out of school)?**  **What would an ideal school for your student look like?**  **What other school options for your student have you explored?**  **Is there any other information you want to share with us as we consider your student’s application?** | | | | | | | | | |
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| **Student Medical Information** | | | |  | | | | | |
| **Does student take any medications? Y / N**  If yes please list (may attach additional page if needed):   |  |  |  |  | | --- | --- | --- | --- | | **Medication** | **Dose** | **Time(s) Taken** | **For Condition….** | |  |  |  |  | |  |  |  |  |   **Does student have any allergies? Y / N**  If yes please list:   |  |  |  |  | | --- | --- | --- | --- | | **Allergy** | **Triggers** | **Reaction** | **Life Threatening** | |  |  |  | **Y / N** | |  |  |  | **Y / N** |   **Does student have any major medical issues? Y / N**  If yes please list:   |  |  |  |  | | --- | --- | --- | --- | | **Condition** | **Triggers** | **Treatment** | **Life Threatening** | |  |  |  | **Y / N** | |  |  |  | **Y / N** | | | | | | | | | | |
|  | | | | | | | | | |
| **Education Information (include ALL schools attended by student; attach additional page if needed)** | | | | | | | | |  |
|  | **School Name** | | | | | **School District** | | **Grade(s)** | |
| **Last School Attended** |  | | | | |  | |  | |
| **Previous School** |  | | | | |  | |  | |
| **Previous School** |  | | | | |  | |  | |
|  | | | | | | | | | | |
| **Other Professionals Involved with Student** | | |  | | | | | | |
|  | **Name** | | | **County/Agency** | | | | **Phone** | |
| **Social Worker** |  | | |  | | | |  | |
| **Guardian ad Litem** |  | | |  | | | |  | |
| **Therapist/Counselor** |  | | |  | | | |  | |
| **Probation/Diversion Officer** |  | | |  | | | |  | |
| **Other** |  | | |  | | | |  | |
| *I hereby authorize the schools and other professionals listed above to release and share any and all information pertinent to the above-named student’s case and/or situation to authorized officials of Crossroads School. Further, I hereby authorize Crossroads School to release and share any and all pertinent information in this student’s case and/or situation to the above-named individuals and organizations. I understand that this release and sharing of information may include, but not be limited to, conversations, therapy sessions, reports, determinations, evaluations, and factual information regarding myself and family members who are minors. I understand that this action is taken to assist Crossroads School in working with our family.*  **Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Educational Self-Report**  **(Please have STUDENT complete this section)** | | | | | | | | | | |
| Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  **Why do you want to come to Crossroads School?**  **Rate your skill level for these areas as follows: Terrible 1 to Excellent 5**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Multiplication Facts | 1 | 2 | 3 | 4 | 5 |  | Spelling | 1 | 2 | 3 | 4 | 5 | | Multiplication | 1 | 2 | 3 | 4 | 5 |  | Organized Writing | 1 | 2 | 3 | 4 | 5 | | Long Division | 1 | 2 | 3 | 4 | 5 |  | Reading | 1 | 2 | 3 | 4 | 5 | | Fractions | 1 | 2 | 3 | 4 | 5 |  | Reading Comprehension | 1 | 2 | 3 | 4 | 5 | | Decimals | 1 | 2 | 3 | 4 | 5 |  | Punctuation | 1 | 2 | 3 | 4 | 5 | | Solving for x ( 3x – 4 = 11; x = \_\_) | 1 | 2 | 3 | 4 | 5 |  | Organization | 1 | 2 | 3 | 4 | 5 | | Turning In Completed Work | 1 | 2 | 3 | 4 | 5 |  | Respect for Authority | 1 | 2 | 3 | 4 | 5 | | Being Prepared for Class | 1 | 2 | 3 | 4 | 5 |  | Respect for Peers | 1 | 2 | 3 | 4 | 5 | | Are You a Motivated Learner? | 1 | 2 | 3 | 4 | 5 |  | Self Control | 1 | 2 | 3 | 4 | 5 |   Have you EVER received services from a Special Education Department at any time during your schooling? Y / N  What were these services and did you find them helpful? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What do you find most difficult about school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What support systems do you and/or your family have that you can trust? (coach, church, friends, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you ready to commit to taking the steps needed to improve your education? (please answer honestly) Y / N  Explain: | | | | | | | | | | |