

# Crossroads School Student Application

**Copies of the following must accompany this application:**

- \$25 registration fee
- Copy of IEP, if applicable
- Most recent report card or transcript
- Recent photo of student

Return application to Crossroads School, PO Box 183, Longmont, CO 80502 or [info@crossroadslongmont.org](mailto: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

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

Relationship \_\_\_\_\_

Primary language \_\_\_\_\_

Legal access to records Y / N

### Parent/Guardian #2

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

Relationship \_\_\_\_\_

Primary language \_\_\_\_\_

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?**

**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 ( $3x - 4 = 11$ ; $x = \underline{\quad}$ )	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: