

Year applying for: _____ Grade: _____ Date Rec'd in office: _____

CROSSROADS CHRISTIAN SCHOOL

2505 NE 102nd Ave, Portland, OR 97220

Phone: 503-254-1431

Fax: 503-257-9284

E-mail: ccs_office@ccscougars.com

ENROLLMENT APPLICATION

MISSION STATEMENT

"The purpose of Crossroads Christian School is to cooperate with parents in providing Christian education to prepare students to be spiritually, academically, and socially successful."

STUDENT INFORMATION

Student's Full Name _____ Home Phone _____
Address _____ E-mail _____
City _____ State _____ Zip _____
Age _____ Birthday ____/____/____ Birth place _____ Gender Male Female
Entering Grade _____ Name/Address of last school attended: _____

Please indicate the level of student's work: Excellent _____ Good _____ Average _____ Poor _____

Primary language spoken in the home: _____

Other languages spoken in the home: _____

Student Resides with:

Both Parents _____

Mother _____ Father _____

Mother/Stepfather _____

Father/Stepmother _____

Other _____

Has this child repeated a grade? _____

Yes No

Has this child ever been dismissed, suspended or expelled? _____

Yes No

Does this child have any limitations or handicaps? _____

Yes No

Has this child been refused admission to another school? _____

Yes No

Does this child have disciplinary or emotional difficulties? _____

Yes No

Has this child had trouble with the law? _____

Yes No

Has this child used tobacco or drugs of any kind? _____

Yes No

Please explain all YES answers on the back of this form.

FAMILY INFORMATION

Father's Name _____ Home Phone _____

Address (if different) _____ Cell Phone _____

Occupation _____ Employer _____ Work Phone _____

Address _____

Married _____ Divorced _____ Separated _____ Widowed _____ SS# _____

Mother's Name _____ Home Phone _____

Address (if different) _____ Cell Phone _____

Occupation _____ Employer _____ Work Phone _____

Address _____

Married _____ Divorced _____ Separated _____ Widowed _____ SS# _____

Other children in family – name, grade & school attending: _____

Step-Parent's Full Name _____

FAMILY INCOME

\$10,000-15,000 _____ \$15,000-20,000 _____ \$20,000-25,000 _____ \$25,000-30,000 _____ \$30,000-40,000 _____

\$40,000-50,000 _____ \$50,000-60,000 _____ \$60,000-70,000 _____ \$70,000+ _____ Family Size: Adults _____ # of children _____

RELIGIOUS BACKGROUND

Church presently attending: _____

How frequently do you attend church? _____ Sunday School? _____

Briefly explain why you want your child to attend Crossroads Christian School: _____

EXPLANATIONS FROM THE FRONT SIDE: _____

How did you hear about Crossroads Christian School? _____

Person to contact in the event of emergency if parents can't be reached: _____

Phone: _____ Relationship: _____

**Application must be filled out completely before it can be processed. Application/Testing Fee of \$50.00 must accompany application and is not refundable. (This fee is returned only if we are not able to place the student.) An appointment for testing and an interview will be scheduled. After acceptance, a Registration and Reservation Fee of \$150.00 is required within three business days to reserve your child's seat (non-refundable).

**JUNIOR HIGH STUDENTS must also submit two letters of recommendation; one must be from a recent teacher or school administrator; the other should be from a minister, youth minister, or other church leader. Another non-family member who knows the child well is acceptable.

PARENT'S PLEDGE

In making this application, I understand and support ALL of the following:

- A. My child has permission to go on scheduled field trips and other school activities.
- B. I agree to support the policies of the school.
- C. The administration has full responsibility for placing my child in the grade best suited for my child.
- D. My cooperation is expected in (1) regular tuition payment, (2) practical help, (3) faithful prayer, (4) support of fundraisers (since tuition doesn't cover all costs), and (5) serving volunteer hours or paying fees.
- E. Crossroads Christian School reserves the right to dismiss my child if my child or I do not respect its spiritual standards or cooperate in the educational process or if any information on this form is found to be false.

DATE _____

SIGNATURE OF MOTHER _____

SIGNATURE OF FATHER _____

OFFICE USE ONLY

App/Test Fee:	Date Paid: _____	Check # _____	Test Date: _____	Interview: _____
Registration Fee:	Date Paid: _____	Check # _____	Class Assignment: _____	Date Started: _____