CROSSROADS CHRISTIAN SCHOOLS
10062 WOLF ROAD, GRASS VALLEY, CA 95949
GRADES K-8 STUDENT APPLICATION

1. **In order for us to fairly consider this application, please be as thorough as possible. Incomplete applications will not be given serious consideration. Please write clearly.**
2. **Applicants for grades 1-8 *must* attach a photocopy of their most current report card. Applicants for grades 2-8 *must also* attach their most current standardized test scores.**
3. **Return completed application to the CCS office. Please keep the information sheet for reference.**

Student's Name_____ Date_____

Address_____
Number and Street City State Zip

Home Phone No._____ Birth Date_____ □ Male □ Female

Applying for Grade_____ Grade Presently Enrolled In_____

School Presently Attending_____

Phone No._____ Fax No. _____Teacher's Name _____

Marital Status of Parents:

( )Married ( )Divorced ( )Widowed ( )Single ( )Separated

Father's Name_____ Occupation_____

Employer_____ Work Phone No._____

Mother's Name_____ Occupation_____

Employer_____ Work Phone No._____

Do You Have Other Children Currently Attending CCS Elementary or Preschool?

No_____ Yes_____ Names _____Grades/Ages_____

Do You Have Other Children Currently Applying to Attend CCS Elementary or Preschool?

Names _____ Grades/Ages_____

Has your child been enrolled in or recommended for any of the following special classes?

GATE___ Learning Disability___ Speech Therapy___ Physically Handicapped____ Other____

If you checked one of the previous, please explain:_____

_____

Has your child had any problems with discipline in a previous school? Yes_____ No_____

If yes, please explain_____

Are you financially able to meet the monthly tuition requirements? Yes_____ No_____

Comment_____

What do you see as your part in your child's education? _____

_____

How did you learn of our school? _____

_____

CHURCH AFFILIATION

Do you regularly attend Crossroads Church? Yes_____ No_____

How often do you attend? _____

Which services do you attend? _____

List your child's Sunday School teacher's name_____

List a pastor or elder who could give you a reference (if possible)_____

We participate in the ministry of the church in the following ways_____

_____

Do you attend another church? _____ If so, what church? _____

List a pastor or elder who could give you a reference (if possible)?

Name _____ Phone No. _____

If you attend a church other than Crossroads Church, please list the ways in which you participate in the ministry of your church_____

_____

Please describe, briefly, your walk with the Lord at the present time

_____

_____

_____

_____

FOR STUDENTS APPLYING FOR <u>THIRD GRADE OR ABOVE;</u> please have your child write in his own words a brief statement expressing why he wishes to attend CCS.

_____

_____

_____

_____

_____ _____

Student Signature

I certify that the above information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for dismissal from this school. I have attached the required report card and testing scores for my child.
(Kindergarten applications do not require anything to be attached.)

Parent's Signature (signature required) _____