



# APPLICATION FOR ADMISSION

Applying for grade \_\_\_\_\_ for \_\_\_\_\_ (school year)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT INFORMATION

Full name of this student *(as listed on birth certificate)* \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex M / F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FAMILY INFORMATION

(Student lives with  both parents  Father  Mother  Other \_\_\_\_\_)

**NAME** \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A Bus. # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A Cell # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A

E-mail address: \_\_\_\_\_

**NAME** \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A Bus. # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A Cell # (\_\_\_\_) \_\_\_\_-\_\_\_\_  N/A

E-mail address: \_\_\_\_\_

## SIBLINGS

(Names, ages, present school) \_\_\_\_\_

## SCHOOL HISTORY

1. **Present School** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Current Teacher \_\_\_\_\_ Dates Attended \_\_\_\_\_

2. **Previous School** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Current Teacher \_\_\_\_\_ Dates Attended \_\_\_\_\_

## STUDENT HISTORY

Has the applicant ever been enrolled in any special tutorial classes, programs or activities to address social, physical or academic challenges?  NO  YES - *If yes, please explain.*

Has the applicant ever been tested for or diagnosed with: *(check all that apply)*

Autism  Attention Deficit/Hyperactivity Disorder  Obsessive Compulsive Disorder  N/A

Has the applicant had educational testing for any learning differences or disabilities?  NO  YES

*If yes, please explain, including the name of the testing facility and relevant details.*

Please explain below your reason for selecting Cross Schools for this student and your goals for this student while at Cross Schools. Please be as specific as possible:

## REFERENCES/RECOMMENDATIONS

For students applying to Cross Schools, enter below the name(s) of the applicant's current English and mathematics teachers. If one individual teaches both subjects this year, list also the name of the applicant's homeroom/lead teacher for the previous school year. The teachers may be asked for a recommendation of this student.

1. \_\_\_\_\_  
Name & Relationship to applicant School Name Email
1. \_\_\_\_\_  
Name & Relationship to applicant School Name Phone

Were you referred to Cross Schools by a family that currently attends Cross Schools?  NO  YES

If yes, please print the referring family's name \_\_\_\_\_

*By signing below, I pledge that the information contained in this application is truthful and accurate. I also grant permission to this student's present/former school/s to release all necessary records and information to Cross Schools.*

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**A NON REFUNDABLE \$50.00 FEE** is due with the application. Application for admission will not be considered until fee is received. Cross Schools accepts students of any color, religion, and national or ethnic origin, subject to their ability to meet the school's academic standards and depending upon the availability of openings in each grade.

Mail to: Director of Admissions  
495 Buckwalter Parkway  
Bluffton, SC 29910