



APPLICATION FOR ADMISSION

For office use only

Date Received _____
Check # _____
Testing Date _____

Applying for grade _____ for _____ (school year)

Today's Date ____/____/____

Student Information

Full name of this student _____

Birth Date ____/____/____

Preferred Name _____

Sex M / F

SSN _____ - _____ - _____

Family Information (student lives with both parents Father Mother Other)

Father's Name _____ **Occupation** _____

Home Mailing Address _____ City _____ State _____ Zip _____

Place of Employment _____

Business Address _____ City _____ State _____ Zip _____

Home Ph. (____) ____ - ____ Bus. Ph. (____) ____ - ____ Cell Ph. (____) ____ - ____

E-mail address: _____

Mother's Name _____ **Occupation** _____

Address (if different from above) _____ City _____ State _____ Zip _____

Place of Employment _____

Business Address _____ City _____ State _____ Zip _____

Home Ph. (____) ____ - ____ Bus. Ph. (____) ____ - ____ Cell Ph. (____) ____ - ____

E-mail address: _____

All bills for school fees should be sent to: (provide name, address, and e-mail if address is different from above)

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 _____

3. Previous School _____ Phone (____) ____ - ____

Mailing Address _____ City _____ State _____ Zip _____

Name of Current Teacher _____ Dates Attended _____

Personal History

Has the applicant ever been enrolled in any special tutorial classes, programs or activities to address social, physical or academic challenges?
_____ 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

Has the applicant had educational testing for any learning differences or disabilities? _____
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 | Address | Phone |
| 2. | | | |
| | Name & Relationship to applicant | Address | Phone |

Were you referred to Cross Schools by a family that currently attends Cross Schools? _____

If so, 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