

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CROSSROADS HIGH SCHOOL APPLICATION FOR ENROLLMENT 2016/2017

Date Application Received: \_\_\_\_\_ # of Credits Earned: \_\_\_\_\_ GED? \_\_\_\_\_

**Instructions:** Adult Student or Student and Parent/Guardian need to complete this form. Return to BHS or CHS counselor or Crossroads. Form must be filled out completely. If you are not enrolled in school, submit this application and required documentation directly to Crossroads High School. Applications will be reviewed and interviews set according to the dates listed below. Applicants will be notified by phone indicating time and date of interview. **Do not withdraw from your school unless you have been accepted to Crossroads High School.**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_  
Street City Zip County

Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Cell Other

Parent/Guardian E-Mail Address: \_\_\_\_\_

Student G-Mail Address: \_\_\_\_\_

Father \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Who do you live with? \_\_\_\_\_ \*Relationship to you? \_\_\_\_\_

\*If you are under the age of 18 and you are not living with a parent, documentation of legal educational guardianship must be provided.

Are you employed? Y\_\_\_ N\_\_\_ Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**For Pregnant/Parenting Teens ONLY:**

Do you have a child(ren)? Y\_\_\_ N\_\_\_ Ages of child(ren): \_\_\_\_\_

Are you pregnant now? Y\_\_\_ N\_\_\_ Due Date: \_\_\_\_\_ Proof Of Pregnancy: \_\_\_\_\_

Are you presently enrolled in school? Y\_\_\_ N\_\_\_

Check any services you receive:

Special Ed. \_\_\_ 504 \_\_\_ Resource \_\_\_ Speech \_\_\_ AP classes \_\_\_ G/T \_\_\_ ESL \_\_\_

Current/Last School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

EOC Testing Status		
Please circle Y or N indicating if you have passed the following tests (choose N/A if you haven't qualified to take the test yet):		
English I	Y	N N/A
Algebra I	Y	N N/A
Biology	Y	N N/A
English II	Y	N N/A
US History	Y	N N/A

Fall 2016 application deadline is August 8, 2016 to be considered for starting at CrHS in August 2016.  
Mid-Fall 2016 application deadline is October 11, 2016 to be considered for starting at CrHS in Mid-Fall 2016.  
Mid-Year 2017 application deadline is January 9, 2017 to be considered for starting at CrHS in Mid-Year 2017.  
Spring 2017 application deadline is February 27, 2017 to be considered for starting CrHS in Spring 2017.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever repeated a grade? Y \_\_\_ N \_\_\_ If Yes, which grade(s)? \_\_\_\_\_

**What was your first year in 9<sup>th</sup> grade?** \_\_\_\_\_

Have you ever been assigned to a **disciplinary** alternative school? Y \_\_\_ N \_\_\_

If yes, please explain: \_\_\_\_\_

List any medications that you take regularly: \_\_\_\_\_

What are your plans after graduating from high school (i.e. Jr. College, 4-year College, Trade School, Military, Job)?

**STUDENT:** Please explain your reason for applying to Crossroads High School. You should include information relating to reasons that caused you to fail courses or lose credit in classes at the regular campus, as well as why you think you will be more successful at Crossroads High School.

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I understand that admission to Crossroads High School is **by selection only** and that this school is intended for students who are “at-risk” of dropping out of high school or who have already dropped out. **If admitted, I agree to follow the rules, policies, and procedures pertaining to Crossroads High School. I further understand that this application does not guarantee that I will be admitted to Crossroads High School.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN STATEMENT OF EXPECTATIONS:** Please explain why you think your child needs Crossroads High School. Include information relating your expectations of your child and ways that you are willing to support your child and the school.

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I authorize release of all academic, health, psychological, and testing records to Crossroads High School. I understand the selection process of Crossroads High School. **If selected, I will support my child’s attendance requirements as well as other policies and procedures outlined in the Crossroads High School Handbook.**

**I further understand should attendance, lack of performance or behavior become a problem, students will RETURN to their home campus.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**A completed “Administrator/Counselor Recommendation” page and a current transcript should be attached to this application before the application will be considered.**

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