

CROSSROADS ACADEMY

203 S. HAMPTON RD
DESOTO, TX 75115
PH: 972-230-2000
FAX: 972-230-2006

STUDENT ENROLLMENT APPLICATION

STUDENTS NAME _____ SS #: _____ - _____ - _____

SCHOOL YEAR _____ DOB _____ - _____ - _____ GRADE _____

STREET ADDRESS _____

CITY _____ ZIP _____ PHONE (_____) _____ - _____

LAST SCHOOL ATTENDED _____

PARENTS: MARRIED ___ SEPERATED ___ DIVORCED ___ WIDOWED ___

CHILDS GUARDIAN: BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER ___

FATHERS NAME: _____ CONTACT # (_____) _____ - _____

EMPLOYMENT _____ POSITION _____

EMAIL _____ @ _____

MOTHERS NAME: _____ CONTACT# (_____) _____ - _____

EMPLOYMENT _____ POSITION _____

EMAIL _____ @ _____

PERSONS TO CONTACT INCASE OF EMERGENCY IF GUARDIAN CAN NOT BE REACHED:

➤ NAME _____ RELATIONSHIP _____

CONTACT # (_____) _____ - _____

➤ NAME _____ RELATIONSHIP _____

CONTACT # (_____) _____ - _____

PHYSICIAN _____ CONTACT # (_____) _____ - _____

ANY ALLERGIES OR MEDICAL CONCERNS:

WITH THIS FORM I AM SUBMITTING MY REGISTRATION FEE OF \$____.____, WHICH HOLDS MY CHILDS PLACE IN THE GRADE APPLIED. I UNDERSTAND THAT THIS FEE IS FORFEITED IF MY APPLICATION IS WITHDRAWN BY ME.

X _____ DATE _____ - _____ - _____

EMERGENCY INFORMATION

STUDENTS NAME _____ PHONE (_____) _____ - _____

ADDRESS _____ CITY _____ ZIP _____

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT TO THE CHILD NAMED ABOVE, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED. NUMBER EACH 1-5 IN ORDER OF DESIRED ACTION:

() CONTACT MOTHER AT (_____) _____ - _____

() CONTACT FATHER AT (_____) _____ - _____

() TAKE TO EMERGENCY ROOM/HOSPITAL _____

() TAKE TO FAMILY PHYSICIAN _____

() TAKE TO ANY LICENSED PHYSICIAN

() OTHER DESIRED PROCEDURES _____

TO WHOM IT MAY CONCERN

WE HEREBY GIVE MRS. LOWE OR OTHER OFFICIALS AND/OR TEACHERS OF CROSSROADS ACADEMY AUTHORITY TO AQUIRE ANY MEDICAL AID AND ATTENTION AS NECESSARY FOR OUR CHILD, UNTIL SUCH TIME AS ONE OR BOTH PARENTS OR GUARDIANS CAN BE CONTACTED AND ARRIVE TO RENDER AID.

CHILDS NAME _____

PARENT X _____ DATE _____ - _____ - _____

CROSSROADS ACADEMY PERMISSION FOR MEDICATION

I GIVE MY PERMISSION AS PARENT/GUARDIAN FOR MY CHILD, _____
_____, TO TAKE THE FOLLOWING MEDICATIONS WHEN NEEDED. PLEASE CHECK THE
FOLLOWING.

ALKA-SELTZER__

BENADRYL__

TYLENOL__

CHILDRENS TYLENOL__

PEPTO BISMAL__

TUMS__

VICKS CHLORASEPTIC__

HALLS COUGHDROPS__

PAMPRIN/MYDOL__

ANY OTHER MEDICAITONS THE STUDENT IS ON REGULARLY MAY BE LISTED HERE, WITH THE PROPER DOSAGE
AND TIME INFORMATION:

X _____ DATE ____-____-____

CROSSROADS ACADEMY PERMISSION FOR EXCURSIONS AND FIELD TRIPS

TO ALL PARENTS:

THROUGHOUT THE SCHOOL YEAR, YOUR CHILD MAY HAVE THE OPPORTUNITY TO PARTICIPATE IN FIELD TRIPS AND SHORT EXCURSIONS IN THE COMMUNITY. IF YOU WOULD LIKE YOU CHILD TO GO ON THESE SUPERVISED TRIPS, PLEASE SIGN THIS PERMISSION SLIP. IF A PARENT DOES NOT SIGN GIVING PERMISSION, THE CHILD WILL NOT BE ALLOWED TO GO WITH THE GROUP. IN THE EVENT A LONGER TRIP IS PLANNED, YOU WILL RECEIVE SPECIAL NOTIFICATIONS.

PLEASE CHECK ONE:

I WILL PERMIT MY CHILD TO GO ON FIELD TRIPS, AND IN ANY CASE OF ACCIDENT, I WILL NOT HOLD THE SCHOOL DIRECTOR OR ANY FACULTY MEMBERS RESPONSIBLE. I GIVE MY PERMISSION FOR ALL NECESSARY PRECAUTIONS TO BE TAKEN FOR MY CHILDS SAFETY.

I WILL NOT PERMIT MY CHILD TO GO ON ANY SUPERVISED FIELD TRIPS.

CHILDS NAME _____

PARENT/GUARDIAN X _____

DATE ____-____-____

CROSSROADS ACADEMY PERMISSION FOR OFF CAMPUS EXCURSIONS IN STUDENT VEHICLES

I GIVE PERMISSION FOR MY SON OR DAUGHTER TO USE THEIR PERSONAL VEHICLE TO LEAVE CAMPUS IN ORDER TO PARTICIPATE IN SCHOOL ACTIVITIES. FIELD TRIPS, OR PICK UP LUNCHES. THIS CERTIFIES THAT THEY HAVE MET ALL STATE REQUIREMENTS FOR DRIVING AND HAVE CURRENT AND VALID INSURANCE AND DRIVERS LICENSE. AS THE PARENT I WILL NOT HOLD THE SCHOOL AS THE RESPONSIBLE PARTY FOR ANY ACCIDENTS OR INJURIES THAT SHOULD OCCUR AS THE RESULT OF MY SON OR DAUGHTER USING THEIR VEHICLE.

IF MY SON OR DAUGHTER DOES NOT DRIVE A VEHICLE TO SCHOOL, I GIVE THEM MY PERMISSION TO ACCOMPANY A STUDENT DRIVER IN ORDER TO PARTICIPATE IN SCHOOL ACTIVITIES, FIELD TRIPS OR TO PICK UP SCHOOL LUNCHES. AS THE PARENT/GUARDIAN, I WILL NOT HOLD THE SCHOOL AS THE RESPONSIBLE PARTY FOR ANY ACCIDENTS OR INJURIES THAT SHOULD OCCUR AS THE RESULT OF MY SON OR DAUGHTER ACCOMPANYING A STUDENT DRIVER.

STUDENTS NAME _____

PARENT/GUARDIAN X _____

DATE ____-____-____

CROSSROADS ACADEMY MONTHLY TUITION PAYMENT & LATE FEE CONTRACT

I HAVE READ AND UNDERSTAND THE TUITION PAYMENT PROCEDURES, AS EXPLAINED IN THE STUDENT HANDBOOK, AND AGREE TUITION PAYMENTS ARE DUE ON THE FIRST DAY OF THE MONTH. PAYMENTS RECEIVED AFTER THE 8TH DAY OF THE MONTH WILL BE CONSIDERED PAST DUE AND A \$50.00 LATE FEE (PER STUDENT) WILL BE ADDED TO THE STUDENT'S ACCOUNT. IF AN ACCOUNT IS NOT MADE CURRENT BY THE 16TH DAY OF THE MONTH, THE STUDENT MAY NOT BE ALLOWED TO RETURN TO SCHOOL UNTIL THE PAST DUE CHARGES ARE PAID IN FULL. ALL ACCOUNTS MUST BE CURRENT AT THE END OF EACH GRADING PERIOD IN ORDER FOR REPORT CARDS TO BE RELEASED. NO RECORDS WILL BE RELEASED TO PARENTS, GUARDIANS, STUDENTS OR ANY REQUESTING PERSONS IF THERE IS A BALANCE ON THE ACCOUNT.

PARENT SIGNATURE _____

DATE _____

****ANY QUESTIONS AND/OR CONCERNS CAN BE TAKEN UP WITH MRS. LOWE @ (972) 230-2000 OR (972) 415-9907****

Parent Release Form for Student Photo Publication

PLEASE COMPLETE FORM & RETURN TO CROSSROADS ACADEMY OFFICE.

ANY QUESTIONS AND/OR CONCERNS CAN BE DIRECTED TO CINDY LOWE.

Date- _____ - _____ - _____

Dear Parent;

It is our policy when preparing for publication of any kind or on the internet to be granted parental permission before including your student's photo. In order to include your student's photo in upcoming projects, yearbooks, websites, etc., we MUST have your signed permission. Last names of students will NOT be uses on internet and website projects. Please review the information, sign and return to school office.

Thank you-

Cindy Lowe/Director

SIGN & RETURN TO SCHOOL

CROSSROADS ACADEMY & STAFF has my permission to publish photos of my child,

_____, for the above stated purposes. I understand my child's full name will NOT be published on internet.

PARENT SIGNATURE X _____

DATE _____ DAYTIME PH (____) _____ - _____

--Crossroads Academy Cell Phone/Electronics Policy

Enforcing the Crossroads Academy Cell Phone/Electronics Policy has become more challenging as new technology develops and as our students become more creative in attempting to “get around” the policy. The most troubling aspect of this situation that has developed recently involves students who, when found to be in violation of the policy, have simply defied the authority of school personnel by refusing to surrender the cell phone/electronic device as required by our policy. We cannot provide the organization and order necessary for a safe school climate and good classroom learning environments when students are refusing to comply with the instructions of faculty and staff who are doing their jobs by enforcing the school policy. Therefore, please be advised of the following points listed below.

1. A student is NOT allowed to have a cell phone or electronic device in his/her possession on campus.
2. During school hours (8:45 am-3:00 pm) the device must be turned into the school office.
3. When a cell phone, accessories or other electronic device is confiscated on the first time it is given back at the end of that school day as a warning.
4. When a cell phone, accessories or other electronic devices is confiscated after a warning, the phone is kept until a fee is paid to the office. The fee starts at \$15 and increases by increments of \$15 each time following (\$15, \$30, \$45, \$60 etc.).
5. If a student is found to be in violation of the cell phone policy and refuses to surrender the device to the school employee when asked, the procedure and resulting consequences will be as follows:
 - a. A campus administrator will be called to escort the student to the office.
 - b. A parent/guardian will be contacted and asked to come to the school at that time to discuss the situation and instruct the student to surrender the device to the administrator.
 - c. If the parent/guardian is unable to convince the student to comply with the CRA policy, the student will be suspended from school.
 - d. If a parent/guardian cannot be reached immediately, the student will be assigned to In School Suspension for the remainder of the day and suspended until a parent is contacted and an appointment has been made to resolve the situation.
6. The student is authorized at any time to use the school office phone to contact parents or guardians.
7. Parents/guardians can contact the school office at any time to speak with their student.

Please review this policy with your student and sign you acknowledge the policy and its consequences.

Student Name: _____

Student Signature: _____

Guardian Name: _____

Guardian Signature: _____

Crossroads Academy
Internet Consent & Waiver of Liability

Please complete all information and return the form to Mrs. Lowe or Mrs. Amanda. Internet access WILL NOT be granted to your child unless this form is completed and returned.

STUDENT: I understand and will abide by the contract provided by Crossroads Academy regarding Internet use. I understand that any violations of these provisions may result in disciplinary action, the revocation of my Internet privileges, and/or appropriate legal action. I also agree to report any misuse of the information system to an administrator or a teacher. All the rules of conduct described in Crossroads Academy's Internet and Code of Conduct apply when I am on the Internet. I have read and fully understand the rules. . I understand in addition to the internet, I am responsible for replacement/repair of the equipment if damaged.

Student Signature _____ Date _____

PARENT/LEGAL GUARDIAN: As the parent or guardian of this student, I have read and understand that Internet access is being provided solely for educational purposes. I understand that it is impossible for Crossroads Academy to restrict access to every non-educational and inappropriate site acquired via the Internet. I agree to hold harmless Crossroads Academy and its employees for any complaints related to my child's use of the Internet. I also agree to report any misuse of the Internet to school administration. I accept full responsibility for the supervision of my child, should he/she misuse the Internet accordingly to school policy. I understand that Internet access is a privilege and Internet accordingly to school policy. I understand that Internet access is a privilege and not a right and any abuse of the privilege will result in revocation of my child's privilege. I understand in addition to the internet, I am responsible for replacement/repair of the equipment if damaged by my student.

Parent Name (please print) _____

Parent Signature _____ Date _____

Home Phone _____ Work Phone _____

PRINCIPAL OR DESIGNEE: I have read this contract and agree to promote this agreement with the student. As the principal or designee, I agree to provide instruction to the student on the acceptable use of the network and proper network etiquette. I also agree to report any misuse of the information to the school technology representative.

Principal/Designee Name: Amanda S. Price

Signature _____ Date _____

DISCLAIMER: Every attempt will be made to monitor student use of computers and the Internet. However, it is impossible for teachers and staff to absolutely prevent students from visiting sites parents may find inappropriate. Therefore, parents/guardians granting permission for access shall hold harmless all Crossroads Academy employees from the student's use of the Internet at the school.