



Crossnore School, Inc.

Crossnore Academy Application for Student Admissions

As per the policy of the Charter Board of Crossnore Academy, this form shall be completed by the parent or legal guardian upon a student being presented for admission to the Charter School.

Section I: Personal Data

Date of Application: _____

Legal Name of Student: _____
Last First Middle

Date of Birth ____/____/____ Sex: M____F____ Student's Social Security #: ____/____/____

Grade Level: _____

Home Phone Number: _____

Mailing Address: _____
City State Zip Code

Physical Street Address (911 address): _____

How would you describe the student? (this information is for federal use only).

____African American/Black ____Caucasian/White ____Hispanic ____American Indian ____Asian/Pacific Islands
____Other _____

Section II: School Information

Name of Last School Attended: _____

Mailing Address: _____
City State Zip Code

County: _____ Contact Person: _____

Phone Number:(____) _____ Fax Number:(____) _____

School performance this year was: ____better than ____equal to ____poorer than previous year.

Has this student been classified as "Special Needs" under PL 94-142? ____Yes ____No

If yes, circle classification:

ADD ADHD AU BEH D/B HI EMH TMH SPMH MU OI OHI SLD SLI VI

What is your child's:

Academic strengths: _____

Academic weaknesses: _____

Overall attitude toward school: _____

How does your child relate to teachers?

Male: _____

Female: _____

Has your child previously been excluded from school for cause (for example suspension or expulsion)?

Yes____ No____ If yes, when: _____ Name of School: _____

Reason: _____

Section III: Family History

Father's Name: _____ Mother's Name: _____
Mailing Address: _____ Mailing Address: _____
Employer: _____ Employer: _____
Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____
Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other
If other than married, who does the student live with?: _____

Legal Guardian: (if different from parents)
Name of person or agency who has legal custody of student: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

Student's siblings (include all half, step siblings and adoptive siblings)

Name	Date of Birth	Relationship	Presently Living With

Emergency Contact Person: _____
Home Phone: _____ Work Phone: _____

Doctor's Name: _____
Address: _____
Office Number: _____

Signature of Parent/Legal Guardian: _____ Date: _____