

CROSSROADS ACADEMY

*820 E. WINTERGREEN RD.
CEDAR HILL, TX 75104*



Enrollment Packet/Student Activity Fee:

\$350.00 is an annual fee and it includes:

- ✓ Most of the school supplies needed***
- ✓ Prom/Intermediate grades year end event***
- ✓ A yearbook***

Tuition for one child: \$4,050.00 per year

PAYMENTS OF \$450.00 A MONTH BASED ON A 9-MONTH YEAR

Tuition for a 2nd child: \$2,700.00 per year

PAYMENTS OF \$300.00 A MONTH BASED ON A 9-MONTH YEAR

School Hours:

MONDAY THRU THURSDAY- 8:45 AM TO 3:00 PM

Someone is ALWAYS here from 8:00 am until at least 4:30 pm.

*****ENROLLMENT FEE IS \$350.00 IF PAID AFTER JULY 1*****

*****15% DISCOUNT IF ANNUAL TUITION IS PAID IN FULL BY JULY 1*****

CROSSROAD ACADEMY
820 E. WINTERGREEN RD
CEDAR HILL, TX 75104
PH: 972-293-9093
FAX: 972-293-9376

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 _____ @ _____ DL# _____

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

EMPLOYMENT _____ POSITION _____

EMAIL _____ @ _____ DL# _____

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 I UNDERSTAND THAT THIS FEE IS FORFEITED IF MY APPLICATION IS WITHDRAWN BY ME.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 HEALTH RECORD

STUDENTS NAME _____ AGE _____ GRADE _____

PARENT OR GUARDIAN FULL NAME _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT #(_____) _____ - _____

WE NEED A COPY OF SHOT RECORDS

DISABILITIES

PLEASE LIST ANY DISABILITIES YOUR CHILD MAY HAVE OR THAT IS IN YOUR FAMILY

INFORMATION CONCERNING ANY MEDICATIONS TO BE GIVEN AT SCHOOL MUST HAVE A SIGNED STATEMENT GIVING PERMISSION TO RELEASE MEDICATION TO THE STUDENT. WE ALSO NEED DOSAGE AMOUNT AND TIMES TO BE GIVEN TO THE STUDENT.

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 PERMISSION FOR EARLY RELEASE

I GIVE PERMISSION FOR MY SON/DAUGHTER TO LEAVE CAMPUS EARLY IF THEY HAVE MET THE FOLLOWING CONDITIONS:

- THEIR LAST CLASS FOR THE DAY HAS BEEN COMPLETED
- ALL WORK IS CURRENT AND ACCEPTABLE
- THEY MUST SIGN OUT BEFORE LEAVING CAMPUS.
- IF THEY ARE WORKING TOWARDS EARLY GRADUATION THEY CAN NOT LEAVE ANY EARLIER THAN 3PM.

STUDENTS NAME _____

STUDENTS SIGNATURE _____

DATE ____-____-____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE ____-____-____

CROSSROADS ACADEMY MONTHLY TUITION PAYMENT & LATE FEE AGREEMENT FORM

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 CHARGE (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.

PARENT SIGNATURE _____

****ANY QUESTIONS AND/OR CONCERNS CAN BE TAKEN UP WITH MRS. LOWE @ (972) 293-9093 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 used 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 (____) _____ - _____