

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

## CROSSROADS HIGH SCHOOL APPLICATION FOR ENROLLMENT 2009/2010

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

**Instructions:** Adult Student or Student and Parent/Guardian need to complete this form. Return to BHS counselor or CHS. 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 in-take. **Do not withdraw from your school unless you have been accepted at Crossroads High School.**

Date of Application: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Sex: M F

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

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

**Parent/Guardian e-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: \_\_\_\_\_

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

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

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: \_\_\_\_\_

<u>TAKS 9 - Passed</u>
Reading Y N
Math Y N

<u>TAKS 10- Passed</u>
ELA Y N
Math Y N
SS Y N
Science Y N

<u>EXIT TAKS- Passed</u>
ELA Y N
Math Y N
SS Y N
Science Y N

TAKS Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Fall 2009 application deadline is July 31, 2009 to be considered for starting at CHS in August 2009.  
Mid-Fall 2009 application deadline is October 9, 2009 to be considered for starting at CHS in October 2009.  
Spring 2010 application deadline is December 4, 2009 to be considered for starting at CHS in January 2010.  
Mid-Spring 2010 application deadline is February 12, 2010 to be considered for starting CHS in March 2010.

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: \_\_\_\_\_

Where do you plan to graduate from? (Circle one) Crossroads High School    Burleson High School

What year do you expect to complete high school? \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 that if my child is withdrawn from the Crossroads High School program due to behavioral issues, attendance problems, or by his/her choice, my child will need to enroll in a GED program or other institution to continue his/her education.

\_\_\_\_\_  
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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