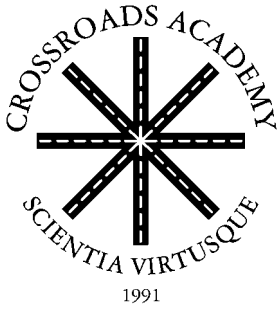


APPLICATION



DIRECTIONS

Please return this form as soon as possible along with the \$75.00 non-refundable application fee. Make checks payable to Crossroads Academy.

Please print clearly.

Full legal name _____
last (family) first middle

Prefers to be called _____ Gender Female Male Date of Birth ____/____/____

Permanent address _____
number, street, apt. no.

_____ city state zip country

Phone _____
area code number

Current mailing address _____
number, street, apt. no. city state zip country

Phone _____
area code number

E-mail Address _____

Current School _____

School address _____
number, street city state zip country

Phone: _____
area code number

Please check one: Independent Parochial Public Years attended: _____

CITIZENSHIP STATUS:

U.S. Citizen Country of citizenship if not U.S. _____
 Permanent U.S. resident but not U.S. citizen Country of birth _____
 Nonresident alien (*list visa type*) Native Language _____
_____ Race/Ethnicity (*optional*) _____
Family's religious affiliation (*optional*) _____

Proposed month/year of entrance _____ Current grade _____ Candidate for grade _____

FINANCIAL AID CONSIDERATION

Are you seeking financial aid from Crossroads Academy? YES NO

APPLICATION – CONTINUED

Father's Name _____ Business Phone _____

Occupation _____

Address Information (*if different from above*)

_____ Business FAX _____
number, street, apt. no.

_____ Home Phone _____
city state zip country

Mother's Name _____ Business Phone _____

Occupation _____

Address Information (*if different from above*)

_____ Business FAX _____
number, street, apt. no.

_____ Home Phone _____
city state zip country

BROTHER(S) AND SISTER(S)

Name	M/F	Birthdate	School/grade

STUDENT'S OFFICIAL PARENT/GUARDIAN

Father Mother Stepfather Stepmother Other _____

STUDENT LIVES WITH

Father Mother Stepfather Stepmother Other _____

HOW/FROM WHOM DID YOU HEAR ABOUT CROSSROADS?

WHAT INTERESTS YOU MOST ABOUT CROSSROADS?

