



Crosstyle Academy
Sanctus Veritas Scriptura

Student Application



Crosstyle Academy
Academic Year 2018-2019
For Office use Only

Grade _____

Teacher _____

Date Registration Received ____/____/____

Registration Amount \$ _____

CK# _____

Siblings at CA? Yes ____ No ____

APPLICATION INSTRUCTIONS

Submit all portions of the completed application with the required fees. Completed application will include these items:

1. Parent Contract (both parents must sign) Application Fee: \$100.00 (non-refundable)
2. Photocopy of grade report and previous year's achievement test scores.
3. Health Records must be submitted to the Florida state approved forms. If the student is enrolled in a Florida school, request that your current school include a photocopy of health records along with the academic records. If this is the student's first school experience, your pediatrician will have the proper forms.
 - a. If the student is coming from out of state, have health records transferred onto the approved Florida forms by a doctor's office of the Florida health Department.
 - b. The Florida Certificate of Immunization (HRS 680 A or B) must be give the day, month and year.
 - c. All students must have a measles booster or MMR #2 recorded on their Certificate of Immunization (HRS 680 A or B) with the appropriate dates.
 - d. The Student Health Examination (HRS 3040) must be dated within one year of the student's first day of attendance at Crosstyle Academy. All students must have a TB screening validated on this form.
 - e. Students will not be permitted to begin school until complete health records have been received and verified by the school office.
2. Birth Certificate with raised seal.

CHECKLIST

<input type="checkbox"/>	Application completed	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Scholarship Award letter	<input type="checkbox"/>	Latest Report Card
<input type="checkbox"/>	Both parents signed the contract	<input type="checkbox"/>	Admission Statement Signed
<input type="checkbox"/>	Health forms requested	<input type="checkbox"/>	Parent Student Questionnaire
<input type="checkbox"/>	Family Covenant Signed	<input type="checkbox"/>	Signed Check

How did you hear about Crosstyle Academy?

<input type="checkbox"/>	Friend	<input type="checkbox"/>	Flyer
<input type="checkbox"/>	Church	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Other (explain)		

Enrollment Application

Child's Name:

Last _____ First _____ MI _____

Date of Birth: _____ Age ____ Sex ____ Social Security # _____ - _____ - _____

Address _____ City _____ Zip _____

Home Phone _____

Church Attending _____

Last School Attended _____ Grade Completed _____

Address _____ City _____ St _____ Zip _____

Who has legal custody of the student? _____

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Does child have any physical limitations? Y N

Explain _____

Does child have any allergies? Y N

List _____

Has the student ever been tested for/diagnosed as having a learning disability or attention deficit of any kind? Y N

If Yes, give dates, explanations of the disability and successful treatment received:

Date	Explanation	Successful treatment received?

FATHER'S INFORMATION

Natural Father's Name _____ DOB ____/____/____
Address _____ City _____ State _____ ZIP _____
Home Ph _____ Cell Ph _____
Work Ph _____ E-mail _____
Employer _____ Position _____
Nature of Business _____ Office Ph _____
Address _____ City _____ State _____ ZIP _____

MOTHER'S INFORMATION

Natural Mother's Name _____ DOB ____/____/____
Address _____ City _____ State _____ ZIP _____
Home Ph _____ Cell Ph _____
Work Ph _____ E-mail _____
Employer _____ Position _____
Nature of Business _____ Office Ph _____
Address _____ City _____ State _____ ZIP _____

People to notify in case of an emergency and/or pick up when parent cannot be reached.

Name _____ Relation _____
Address _____ City _____ State _____ ZIP _____
Phone _____

Name _____ Relation _____
Address _____ City _____ State _____ ZIP _____
Phone _____

Name _____ Relation _____
Address _____ City _____ State _____ ZIP _____
Phone _____

Signature of person enrolling student Date

Admissions Statement

Admissions statement and continued enrollment at Crosstyle Academy seeks applications from families whose young people are of good character, who demonstrate good scholastic achievement and have a positive attitude toward Judeo-Christian values. Acceptance is based upon the evaluation of a personal interview, references, educational performance, support for our statement of faith, and a student's desire to attend Crosstyle Academy. Acceptance and re-enrollment is at the sole discretion of the school. It is a privilege to attend Crosstyle Academy. Our students should realize that they are responsible at all times (in and out of school) to conduct themselves in a manner which brings credit to the name of Jesus Christ, their family, their school and themselves. Our student body strives to promote good morals, friendliness, good manners and good sportsmanship. By virtue of enrolling in Crosstyle Academy, each student agrees to live within the framework of the school's standards of conduct both on and off campus. Re-enrollment each year is contingent upon maintaining these values. Parents must agree and fully support, verbally and in action, all school policies and procedures including discipline procedures. A yearly re-enrollment application is required of all students who desire to continue at Crosstyle Academy. In review of the application, factors such as behavior, attitude, academic achievement and adherence to the policies of Crosstyle Academy are taken into consideration. Crosstyle Academy reserves the right to deny re-enrollment to any student, for any reason, at its sole discretion. Early enrollment is strongly suggested.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

CROSSTYLE ACADEMY FAMILY COVENANT

In order for students to learn and grow, it is essential that we all do our part. Crosstyle Academy students, parents, teachers, and administrators all have responsibilities to promote student character, learning, and spiritual growth.

The Crosstyle Academy handbook outlines what students must do to ensure their success. This Family Covenant describes important responsibilities and school expectations that families accept once they choose to enroll at this school. We know that the choice you made in coming here is an important one and we want to make sure that you have a full and clear understanding of your responsibilities.

ATTENDANCE

- I will ensure that my child comes to school every day on time and prepared to begin class at 8:30 a.m.
- I understand that if my child is absent without written medical permission more than 15 days of the of the school year he/she will have to repeat his/her current grade.
- I will make sure that my child promptly makes up missed work following absences.
- I understand that an absence is excused if I have contacted the school and written a detailed note regarding student illness or family emergency.
- I understand that my child will not earn credit for work missed after unexcused absences.

HOMEWORK

- I agree to check my child's homework daily to ensure that it is complete.
- I understand that my child will be required to serve Homework Detention if he/she does not complete assigned homework or completes homework that does not meet classroom standards.
- I understand that my child cannot be excused from Homework Detention unless there is a family emergency or student illness.

STUDENT CONDUCT

- I agree to promote and support the rules of behavior as outlined in the Crosstyle Academy Handbook and accept responsibility as a partner in my child's learning.
- I understand that my child's conduct out of school is as important as conduct in school.
- I understand that any action deemed inappropriate and un-Christ-like by a teacher and administrator may be punishable by detention, suspension, or expulsion.
- I understand that if my child engages in compromising behavior, on or off campus, it will be necessary to expel him/her.
- I understand that my child is expected to exhibit Christian character, mutual respect, and common courtesy to teachers, parents, students, and administrators at all times.
- I understand that electronics such as iPods, iPads, electronic devices, games, etc. are not allowed at school. If your child brings these to school they will be held at the teacher's desk until the parent retrieves it. Cell phones are allowed but must be left with the teacher. The student may retrieve the phone at the end of the day.

PROMOTION POLICIES

- I understand that my child needs to pass his/her core academic classes in order to be promoted to the next grade.
- I understand that if my child fails 1 or 2 core academic classes, he/she must fulfill a summer school plan and pass a minimum competency exam in order to be promoted.

STUDENT DRESS POLICY

- ___ I will ensure that my child comes to school in proper dress, according to the guidelines listed in the Crosstyle Academy Handbook.
- ___ I understand that if my child comes to school out of uniform, or in a uniform in poor condition, he/she may not be permitted to attend class and may need to wait for the appropriate dress to be brought from home.
- ___ I understand that the uniform consists of strictly red, white, and navy-blue shirts, red, white, and navy blue sweaters or jackets, navy or khaki school uniform issue slacks or shorts. No painter, cargo, Dickies.

PARENT CONTRACT

My Parent signature below and initials throughout indicate that I have read, understand and agree with the Parent Contract. In making application for my child to attend Crosstyle Academy

___ I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, disciplinary, and maintain the basic principles of Biblical morality in my home.

___ I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.

___ I agree to support the school to the best of my ability through attendance and participation in the various school activities.

___ I agree to support to the best of my ability the school's entire program through prayer, time and financial gifts.

NOTE: The school depends upon gifts above and beyond the tuition and thus conducts Annual Fund Raising. The school's goal is 100% participation by parents.

___ Further, in the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps.

1. Contact a parent of the child and follow his instructions or require the parent to pick up the student.
2. Contact the child's physician and follow his instructions, in the event neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the child's physician cannot be reached.

___ If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Principal, as his/her designee. Crosstyle Academy, Crosstyle Ministries, Inc., and Sebastian Church at the Cross is released from any liability which might arise from the giving of such authorization it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

___ I understand that some students appear in school promotional pictures and videos. I do ___ or do not ___ give my permission for my child to participate if selected.

___ I understand that this application cannot be considered without the non-refundable application fee.

___ I understand that once the parent contract has been signed and the enrollment fee paid I am responsible to pay **the full tuition and fees** for the academic year **even if I voluntarily withdraw my child or my child is dismissed from the school.** Records will not be forwarded to another school until all financial obligations have been satisfied.

___ Crosstyle Academy reserves the right to refuse any application or dismiss any child at any time, for unacceptable work, or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Crosstyle Academy.

___ If legal action is required to collect tuition, the undersigned will be responsible to pay any and all reasonable attorney fees.

_____	_____
Father's/Guardian Signature	Date
_____	_____
Mother's/Guardian Signature	Date
_____	_____
Principal's Signature	Date

I hereby release Crosstyle Academy, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain while in the care, custody and control of Crosstyle Academy. I/we further understand, that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the event of an emergency, I hereby authorize an adult leader as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I have read the above release in its entirety and agree to abide by it.

_____	_____	_____
Parent's/Guardian Signature	Phone	Date

Parents must sign this application

Parent/Student Questionnaire

Parents:

Are you currently attending church on a regular basis? Y N

What church do you attend? _____

How long have you been faithfully attending? Y N

Does/do your child/children attend faithfully? Y N

What is your pastor's name? _____

Please write a paragraph describing your conversion to Jesus Christ.

Why do you want your child to attend Crosstyle Academy? _____

(If more space is needed please attach a separate sheet.)

Student

Have you accepted Jesus Christ as your personal Savior? Y N

Please describe how you received Christ as your personal Savior

Do you want to attend Crosstyle Academy? Y N

Why do you want to attend Crosstyle Academy? _____

School History

Is this your child's first school experience? Y N Is this your child's first Christian school experience? Y N

List all schools previously attended.

Previous School name _____

City _____ State _____ Grades attended _____

Previous School name _____

City _____ State _____ Grades attended _____

Please give the school reference form to the school you are leaving. It is to be completed by a school official and returned directly to Crosstyle Academy with a photocopy of school records.

To the best of your knowledge, has your child ever been involved in:

- | | |
|--------------------------|-------------------------------------------------|
| <input type="checkbox"/> | Alcohol |
| <input type="checkbox"/> | Tobacco |
| <input type="checkbox"/> | Drugs |
| <input type="checkbox"/> | Inappropriate actions online or on a cell phone |
| <input type="checkbox"/> | Cheating |

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Sexual immorality of any kind |
| <input type="checkbox"/> | Stealing |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Has your child ever repeated a grade Y N. If Yes, state grade and date

Has your child ever been tested for or enrolled in a special program? Y N

- Gifted Special needs Learning disabled Other

Dates: _____

Reason(s) for withdrawing from present school:

Name of student

Current Grade

Date of birth

Health History

Please write yes or no if your child has any physical concerns and explain.

____ 1. Rheumatic Fever? Any lasting effect? Y N Any limit of physical activity? Y N

____ 2. Asthma, Reactive airway disease?

List triggers (causes)

____ 3. Other chronic respiratory problems? Y N

If so, what? _____

____ 4. Allergy to insect bites? Y N

What insect(s)? _____ How serious? _____

____ 5. Other Allergies? To what? _____ How serious? _____

____ 6. Diabetes? On insulin? _____ Time given? _____ Special Diet? Y N

What type of diet? _____

____ 7. Heart Disease? _____ Type?

any restrictions on physical activity? Y N

____ 8. Epilepsy, convulsions, fits? Any aura (sensation or feeling)? Y N

If so, what? _____

____ 9. Headaches? Y N Frequency? _____ severe? Y N

Please list any medications given daily, and state time to be given

Medication	Time given	With or without food

____ 10. Eye or vision problems? Y N Glasses or contact lenses? Y N

____ 11. Hearing Problems? Y N Hearing aids? Y N

____ 12. Poor posture, back pain scoliosis, spinal defect? Y N

Please explain _____

____ 13. Sickle Cell disease? Y N Trait?

What are usual symptoms?

____ 14. Bladder or Kidney disease? Y N Frequent bedwetting? Y N

Frequent infections? Y N

____ 15. Bowel Disease or problems? Y N

Explain:

____ 16. Any other serious illnesses or accidents? Y N

Hospitalizations? Y N When? ____/____/____

____ 17. Behavioral Disorders? Y N If yes, name condition _____

____ 18. Any other medical problems? Y N If yes, name condition _____

(i.e., Cerebral Palsy, Muscular Dystrophy, ADD, Tourette's Syndrome, Cancer, Hemophilia, etc.)

____ 19. Are any special appliances and/or health procedures needed? Y N

If yes, please

explain _____

____ 20. Can the student participate in the school's regular physical education program? Y N

Any limitations on physical activity? Y N

What type of limitation? _____

Parent's/Guardian Signature

Phone

Date

Father's Emergency Phone

Mother's Emergency Phone

Health Record Requirements for the School Year

Complete immunization records on Florida HRS form 680 must be received by the school. A recent physical exam is also required for all kindergarten students and all new students to the State of Florida. If you are a Florida resident, an original from your doctor is required.

If you are applying from another state, please see the instruction sheet regarding health records.

In order for this application to be processed, the completed Health History Form, with parent signature must be attached.

Health records have been requested from doctor? Y N

School _____

Name of student's physician _____

Address _____ City _____ State _____ ZIP _____

Phone _____

KINDERGARTEN - 6TH GRADE

1. HRS Form 3040—Student health Examination or Statement of good Health signed by a physician and dated within one year of the first day of school.
2. HRS Form 680 Part A-1 Florida Certificate of Immunization with proof of 2 doses of measles vaccine, preferably MMR (Measles, Mumps, Rubella).
3. Hepatitis B vaccine series for all students entering kindergarten.

Students transferring from out of state are given 30 days to transfer immunization records to an HRS Form 680 A Florida Certificate of Immunization. Forms can be obtained at any physician's office or at any branch of the county Public Health Unity.

Vaccines are available free of charge at your local Indian River County Public Health Unit: **(772) 770-5401**