



## FAMILY INFORMATION

Mother: (Include title Mrs., Ms., Dr., Pastor )

Father: (Include title Mr., Dr., Pastor)

\_\_\_\_\_  
 First                  Middle Initial                  Last

\_\_\_\_\_  
 First                  Middle Initial                  Last

Relationship to applicant:

Mother    Stepmother    Guardian    Other

Relationship to applicant:

Father    Stepfather    Guardian    Other

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Address (if different)

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Home Phone #

\_\_\_\_\_  
 Home Phone # (if different)

\_\_\_\_\_  
 Cell Phone #

\_\_\_\_\_  
 Cell Phone #

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Email

1. Please list your child's strengths, talents, or achievements.

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

2. Does your child have any physical, medical, or emotional condition which we should be aware of? If so, please specify.

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

3. Please list your child's interests and extracurricular activities in order of importance. If the activity is not at his/her current school, please indicate the organization or club name. (Include sports, music, etc.)

Activity	# of Years	Organization/Club

**CrossRoad Christian Academy**  
 2818 Manhattan Beach Blvd., Gardena, CA 90249  
 Phone: (310) 327-3094 FAX: (310) 327-8543

**TEACHER RECOMMENDATION FORM, GRADES 2<sup>nd</sup> – 5<sup>th</sup>**  
*To be completed by the student's teacher at the school in which he or she is currently enrolled.*

Student's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Current School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ How long has student been enrolled at your school? \_\_\_\_\_

**To current teacher:** The above named student is applying for admission to CrossRoad Christian Academy. The information you provide will be kept confidential and will be used solely for admissions purpose. It will not be open for general review. Thank you for taking the time to complete this recommendation form.

**Classroom conduct**

This student...	Always	Usually	Sometimes	Rarely	Never
shows great effort					
stays on task					
listens and follows directions					
demonstrates appropriate conduct					
completes assignments on time					

**Character**

This student...	Always	Usually	Sometimes	Rarely	Never
demonstrates responsibility					
shows respect to peers					
shows respect to adults					
demonstrates honesty in work habits					
respects school rules					

Which subject(s) are areas of strength for this student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In which areas do you feel this student needs improvement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the student participated in any extracurricular activities? (i.e. sports, drama, music, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Please comment on the student's attitude toward school \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To your knowledge has the student had any history of misconduct or behavior problems?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To your knowledge has the student ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have any history of learning disability or has required any specific help to meet  
 academic requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Recommendation

	I strongly recommend	I recommend this student	I recommend with reservation	I do not recommend this student (please state reason below)
Academically				
As a person				

I do not recommend this student because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Teacher's Signature**

\_\_\_\_\_  
**Date**

This form must be mailed by school personnel to CrossRoad Christian Academy. (See address below.)



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# CROSSROAD CHRISTIAN ACADEMY

2818 Manhattan Beach Boulevard • Gardena, CA 90249 • 310.327.3094 • www.crossroadca.org • Grades K-8

## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

\_\_\_\_\_  
Student's Name (Please Print)                      Date of Birth                      Grade

Current School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Years of Attendance \_\_\_\_\_

I hereby give permission to release copies of the above-named student's report cards and standardized test scores.

\_\_\_\_\_  
Parent or Guardian (print name)                      Parent or Guardian's Signature                      Date

Please forward all records to:

CrossRoad Christian Academy  
2818 Manhattan Beach Blvd.  
Gardena, CA 90249

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Signature