

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



QUESTIONNAIRE FOR MIDDLE SCHOOL APPLICANTS

Dear Applicant,

To learn more about you before you visit the school, please complete this questionnaire in your own handwriting. Your responses will help us to know about your areas of interest and your educational experiences.

Name _____

Student email address _____

What school do you currently attend? _____

Which subjects are areas of strength for you? _____

In which subject do you feel you need the most improvement? Why?

List any extracurricular activities you have participated in (i.e. sports, drama, music, etc.) _____

What three words would your teacher use to describe you?

What three words would your best friend(s) use to describe you?

MIDDLE SCHOOL TEACHER RECOMMENDATION FORM
MATH

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? _____

Course _____ Textbook _____

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					

Mathematics Ability

Student's understanding of the concept is...	Above Average	Average	Below Average	Non-existent	Not Applicable
Solving Equations					
Integers & Expressions					
Decimals & Equations					
Fractions and Multiples					
Ratios & Percents					
Geometry					
Measurement					
Statistics & Probability					

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 This student is recommended for Honors Math: Yes No

	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.)



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

**MIDDLE SCHOOL TEACHER RECOMMENDATION FORM
 LANGUAGE ARTS**

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? _____

Course English English Honors Textbook _____

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					

English Ability

Student's understanding of the concept is...	Above Average	Average	Below Average	Non-existent	Not Applicable
basic principles of grammar					
parts of speech					
paragraph writing					
reading comprehension					
presentation of assignments (neatness, clarity of thought, overall effort)					

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 This student is recommended for Honors English Yes No

	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