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# Crosspoint Christian School

## NEW ELEMENTARY STUDENT APPLICATION

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Please print all information

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

K3 Program:  3 Days    K4 Program:  3 Days

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents' Names \_\_\_\_\_

### **Academic History**

Schools or daycares previously attended, beginning with the most recent:

School	City/State	Grade levels	Reason for Withdrawal
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been suspended?  Yes  No    Expelled?  Yes  No  
Asked to withdraw?  Yes  No    If the answer to any of these is yes, please give a  
thorough explanation including the principal's name and the school's name and address.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student ever attended special classes? (gifted, L.D., B.D., etc)  Yes  No  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any learning or behavioral problems that might affect this student's performance in school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical History**

*Please submit a copy of your child's immunization records and birth certificate with this application. We cannot process your application without them.*

Date of child's last physical exam: \_\_\_\_\_

Does your child wear glasses or contact lenses for distance or reading?  Yes  No

Please list any known allergies:

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Does your child take medication for any of these allergies?  Yes  No If yes, please list them below.

Please list all medications your child is currently taking:

Medication	Reason for Medication
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Please list any chronic conditions or illnesses your child has (heart condition, seizures, chronic ear infections, asthma, speech or hearing impairment, small or large motor deficiencies, etc.) :

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List any precautions the staff should take in regards to the conditions listed above:

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Please list any conditions that would interfere with your child's participation in physical education class: \_\_\_\_\_

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