



Student Enrollment Form Crossroads Middle School – 8th Grade Application

•Grade Level: _____ •School: _____ •Student Number: _____

•Student's **LEGAL** Name: _____
Last First Middle

•Date of Birth: _____ •Place of Birth: _____

• Male Female •If born outside the United States, month/date of U.S. entry: _____

•Student Cell Phone Number (if applicable): _____ •Last School Attended: _____
 (_____) Address: _____

Student would like to opt-out of receiving district-wide text updates.

•Do you intend to ride the school bus? City: _____ State: _____ Zip: _____
 Yes No Bus # _____

•Has the student ever attended a Joint School District No. 2 school before? Yes No
 If yes, provide the School, Grade, and Year Attended: _____

Has your child:	Yes	No	Grade
Ever received special services (IEP)?			
Ever been educated in a self-contained program?			
Ever been in a gifted and talented program?			
Ever been on a 504 accommodation plan?			
Ever been suspended or expelled from school?			
Ever been tested by a school psychologist?			
Ever received speech therapy services?			
Do you have concerns about your child's speech and language development?			
Is your child currently on probation?			

For Office Use Only

<input type="checkbox"/> Certified Birth Certificate	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Immunization Exempt Form	<input type="checkbox"/> Health History
<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> Proof of Residency
<input type="checkbox"/> Check-Out from Previous School	<input type="checkbox"/> Physical Form

First Day of Enrollment: _____

•Custodial Information (if applicable): Custody: Mother Father Joint Guardian Step-Parent
 Is there a No-Contact Order in place? Yes No Copy of most recent Custody papers on file: Yes No

•Student Residency (Identifying students who may qualify to receive additional services): Where does the student stay at night?
 In a home you own or rent Temporarily with another family in a house, mobile home or apartment
 Other (please specify): _____

•**Primary Household:** Primary Household Phone: (_____) _____

Residence Address: _____
Number Street Apt/Lot

_____ City State Zip

Mailing (if different): _____
Number Street Zip

_____ City State Zip

Complete Other Side

•Parent/Guardian (Living in this Primary Household): I would like to **opt-out** of receiving district-wide text updates.

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

•Parent/Guardian (Living in this Primary Household): I would like to **opt-out** of receiving district-wide text updates.

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

•**Secondary Household:** *If the student lives in both households, please check here* Secondary Household Phone: () _____

Residence Address: _____
Number Street Apt/Lot

City State Zip

Mailing (if different): _____
Number Street Zip

City State Zip

•Parent/Guardian (Living in this Primary Household): I would like to **opt-out** of receiving district-wide text updates.

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

•Parent/Guardian (Living in this Primary Household): I would like to **opt-out** of receiving district-wide text updates.

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

•**Emergency Contacts** *(Please provide a person or persons, other than the parents, who could be contacted in an emergency and/or pick up from school.)*

Emergency Contact: _____ Cell Phone: () _____

Relation to Student: _____ Work Phone: () _____

Emergency Contact: _____ Cell Phone: () _____

Relation to Student: _____ Work Phone: () _____

•**Siblings**

Name: _____
First Surname/Family Name Grade School

Name: _____
First Surname/Family Name Grade School

Name: _____
First Surname/Family Name Grade School

Parent/Guardian Signature _____ Date _____

**CROSSROADS MIDDLE SCHOOL
PARENT QUESTIONNAIRE**

STUDENT NAME _____ SCHOOL _____

Please describe (briefly) the academic concerns for which you are seeking enrollment in Crossroads Middle School.

If your son/daughter is chosen for Crossroads Middle School, what specific changes would you like to see in his/her achievement?

Please check each circle that applies to your son/daughter:

- Does not complete or turn in assignments.
- Doesn't seem to care about school.
- Classes seem to difficult for him/her.
- Has achieved well in school prior to middle school.
- Has had academic difficulties since elementary school.
- Is influenced positively by his/her friends.
- Is influenced negatively by his/her friends.
- Has regularly scheduled time and place to do homework assignments.
- Takes responsibility for completing assignments and homework.
- Is currently on a 504 or IEP plan.
- Has been retained at least once.
- Has a current grade point average 1.5 or lower.
- Has missed more than 10 days of school this year.
- Has been referred to the office for disruptive behaviors in classroom.
- Has been referred to the office for fighting, truancy, or other major offenses.
- Is excited about making a change to Crossroads Middle School.

**CROSSROADS MIDDLE SCHOOL
STUDENT QUESTIONNAIRE
(PLEASE WRITE CLEARLY)**

1. What do you like most about school?

2. What do you like least about school?

3. Why would you like to attend Crossroads Middle School?

4. Do you complete your assignments and homework and turn it in when it is due? If no, please explain why.

5. Do you feel comfortable asking questions in class? If no, why not?

6. Is there anything about your study habits or behavior in class that you need to change so that your grades improve?

7. What are your hobbies and interests?

8. What school activities or sports are you interested in participating?

9. What are your goals for the future?



Crossroads Middle School
"Courage, Commitment, Character"
Crossroads Compact



The staff at Crossroads Middle School is committed to _____'s education.

Student's Name

However, your child's success is a team effort including the student, teachers/staff and parents/guardians. By signing the agreement below you are establishing the foundation for this team effort.

As parent/guardian or student, I agree to the following conditions:

- Provide transportation for after school Study Lab as needed (pick up is at 4:00 PM) to help my student complete work.
- Arrive to school on time and maintain consistent attendance (excluding extraordinary absences). Excessive absences may lead to consequences including an attendance contract and loss of academic credit.
- Return phone calls or e-mails from CMS staff in a timely fashion to support my child's academic progress.
- Support the school's positive behavior plan as well as my child's adherence to the West Ada School District dress code.
- Maintain my child's enrollment at Crossroads for a minimum of one semester. Should we decide to transfer schools at any point we agree to contact CMS personnel to discuss enrollment options.
- Follow policies and procedures regarding electronic devices.
- Understand that my child may be assigned to intervention classes based on their academic needs. These classes take the place of an elective class.
- Help my student maintain literacy and math skills by providing after school transportation for after school academic intervention if recommended.
- While there is no daily assigned homework at CMS, students may need to complete some academic work at home. Daily reading at home is strongly encouraged.

Parent/Guardian Signature _____

Student Signature: _____

Date: _____