



Cross & Crown School

4276-A Chamblee Dunwoody Rd.

Chamblee, Georgia 30341

Phone: 770 458-5274 Fax: 770 458-7087

Website: www.crossandcrownschool.org Email: school@crossandcrownschool.org

**Application for Enrollment
2009-2010**

Grade entering _____

Date _____

STUDENT INFORMATION:

Student's full name _____
Last First Middle

Name student prefers _____ Sex ____ M ____ F

Birthday _____ S.S.# _____

Student's native language ____ English ____ Other - Specify _____

Address _____ City _____

State _____ Zip _____ Home phone _____

In case of emergency, please notify:

_____ Phone () _____ Phone: () _____

_____ Phone () _____ Phone: () _____

Child may be released to the following person/s:

Name _____ address: _____

Phone: () _____ Relationship: _____

Name _____ address: _____

Phone: () _____ Relationship: _____

Name _____ address: _____

Phone: () _____ Relationship: _____

Name _____ address: _____

Phone: () _____ Relationship: _____

FAMILY INFORMATION:

Dad's Name _____

Mom's Name _____

Mom's Cell Phone _____

Dad's Cell Phone _____

Mom's Work Phone _____

Dad's Work Phone _____

Mom's E-mail _____

Dad's E-mail _____

Married: _____ Separated: _____ Divorced: _____ Other: _____

Child's Living Arrangement: () Both Parents () Mother () Father () Other _____

Child's Legal Guardian (s): () Both Parents () Mother () Father () Other _____

With whom does the child reside during the school year? ____ Father ____ Mother

If applicable, explain custody arrangements: _____

Are there any restraining orders? If yes, please explain and attach a copy. _____

To whom should school correspondence be sent? ____ Father ____ Mother ____ Guardian

Name of person responsible for tuition _____

If different from a parent or guardian provide address and phone # _____

Are both parents in agreement on enrolling their child in CCCS? ____ Yes ____ No

GENERAL INFORMATION

How did you hear about CCS? _____

State briefly why you desire to enroll your child at CCS: _____

In what ways do you expect CCS to be different from other schools? _____

EDUCATIONAL BACKGROUND (new students to complete)

School previously attended: _____ Dates _____

Reason for leaving: _____

Other school attended: _____ Dates _____

Reason for leaving: _____

Other school attended: _____ Dates _____

Reason for leaving: _____

Last year's grade assignment: _____ Was the grade completed? ____ Yes ____ No

If no, explain _____

Has the student ever been identified as having a learning disability? ____ Yes ____ No

If yes, explain _____

Does an outstanding tuition balance exist with any other schools? ____ Yes ____ No

If yes, explain _____

Has the student repeated a grade? ____ Yes ____ No

If yes, explain _____

Did the student attend a readiness program between K5 and 1st Grade? ____ Yes ____ No

At what age did the student start first grade? _____

Has the student ever had discipline problems in a previous school? ____ Yes ____ No

If yes, explain _____

Has the student ever been suspended, expelled, or asked to withdraw? ____ Yes ____ No

If yes, explain _____

ACTIVITY PERMISSION

I agree to allow _____ to participate in all school activities including school-sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and all its representatives and agents from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary medical attention for my child in the event of any injury at school or on a school-sponsored trip away from the school. Please note that your child will never be taken off school premises with parent notification.

Signature of legal guardian _____ Date _____

MEDICAL INFORMATION:

Does the student have allergies, any mental, emotional, or physical disabilities or development delays which may limit the child's participation in our program and activities, or that for any reason should be known by his teacher?

Is the student currently taking any medications? _____

Any known Allergies or other medical or drug-related limitations: _____

Are there any special procedures required in caring for your child? () Yes () No

Student's Physician _____ Phone _____

Student's Dentist: _____ Phone _____

Is the student covered by health insurance? ____ Yes ____ No

If yes, what insurance company? _____ Policy # _____

EMERGENCY INFORMATION

Individual to contact if parents or guardian cannot be reached _____

Home phone _____ Work phone _____

Cell phone _____

I hereby authorize Cross & Crown School to give and/or obtain emergency medical assistance for my student in the event that I cannot be reached. I also assume full financial responsibility for any such medical service rendered.

Parent or legal guardian's signature _____ Date _____

MEDICAL RELEASE

I hereby give my permission to the staff and administration of Cross & Crown School and Extended Day program to seek and provide medical and/or dental care for my child named above if in their judgment this becomes necessary while my child is in the care of Cross & Crown School and/or Extended Day program and I cannot be reached to make this decision myself. If hospitalization seems to be necessary, I request that my child be transported to (provide name) _____ hospital. If unable to contact parents, family physician or above-designated hospital, I give my permission for my child to be transported to Children's Health Care of Atlanta at Scottish Rite Hospital. I further understand that the primary means of transportation to a medical facility is by emergency medical services if this is necessary. I/we agree to assume all responsibility and expense, including transportation, incurred in the handling of such an emergency.

Only prescription medication will be dispensed by Cross & Crown School personnel (see Handbook for particulars).

Any prescription medication taken daily? (i.e. Insulin, Ritalin) _____.

PARENT MUST FILL OUT AND SIGN PRESCRIPTION MEDICATION AND DISPENSING INFORMATION FORM. SEE HANDBOOK FOR DETAILS ON HEALTH POLICIES.

If child is allergic to bee or other insect stings/bites, do you authorize CCS personnel to administer Benadryl in an emergency? (parent initial) _____ Yes (parent initial) _____ No

(EPPI PINS MUST BE SUPPLIED BY PARENTS IF AUTHORIZED)

Cross & Crown School will not administer non-emergency medical procedures. I hereby release Cross & Crown from liability that may be incurred due to administration of EPPI pin or Benadryl or other emergency procedure. I, also, release Cross & Crown from any liability for harm resulting from exposure to allergens or contagions.

Signed: _____
(Parent/Legal Guardian) (Date)

Signed: _____
(Parent/Legal Guardian) (Date)

NUTRITIONAL INFORMATION

Elementary students and children attending the Extended Day Program will bring a nutritional lunch from home. The lunch must meet the guidelines established by the USDA. These guidelines are posted on the parent's information board in the Extended Day Building. Milk or 100% fruit juice will be provided by Cross & Crown School to Extended Day children. A nutritional snack and drink will be provided after 3:00 p.m. A mid-morning snack will be provided during Preschool/Elementary hours by the parents. Parents should not send candy, chewing gum or other non-nutritional items with students. To avoid classroom disruption, parents are encouraged to send their child's lunch with them to school in the morning each day as necessary.

Signed: _____
(Parent/Legal Guardian) (Date)

PHOTO RELEASE

From time to time, we have opportunity and/or need to use photos of students, teachers, and/or the school in publications and on our web page. In so doing, we need to have parental permission before we use any child's photo. Please understand that we will not use any child's photo without obtaining the parent's permission. In using your child's photo, we will NOT use your child's name. IF there is ever a need to use the name, we will ask for additional permission.

I hereby give the Cross & Crown School and the Cross and Crown Lutheran Church; 4276 Chamblee Dunwoody Rd.; Chamblee, GA 30341, the perpetual, royalty-free right to use the above-named student's photo in any manner they wish, whether combined with other photos or text, in posters, brochures, fliers, congregational bulletin inserts, on web sites. I understand that the use of my child's name is not part of the permission granted.

I understand that both the web sites and the publications may have a large audience and that my child's photo will be available to the public generally. I further understand that Cross & Crown School and Cross & Crown Lutheran Church assume no liability or responsibility whatsoever concerning any consequences of such use, and that there will be no financial compensation for the use of such photo(s).

Signed: _____
(Parent/Legal Guardian) (Date)

PERSONAL INFORMATION RELEASE

During the school year, we will do a parent/student directory. These will be available for distribution only to parents, faculty, and staff of Cross & Crown School and to the office of Cross & Crown Lutheran Church. Your information will never be given to anyone outside of these without your expressed permission.

Please check the information we are permitted to include:

Parents' name	_____	Home address	_____
Student's name and grade	_____	Home phone #	_____
Parents' e-mail address	_____	Parents' cell phone #	_____

I do NOT want any of my personal information released. (please initial) _____

Acknowledgement

I understand that any publication of Cross & Crown School that includes contact information is available only for school purposes. I hereby agree that I will not use this information for anything but school business. This includes, but is not limited to, solicitation or marketing of products or services, business opportunities; distribution of any political, religious, or any other non-school related information; forwarding or any other distribution of e-mail.

Signed: _____
(Parent/Legal Guardian) (Date)

STATEMENT OF COMMITMENT

We, as parents/guardians are accepting the challenge to “train up a child in the way he should go”, and will carry on this training in our home. We promise that our home will be a secure haven of safety, free from harmful influences.

We will work closely and cooperatively with teachers and administrators to aid in our child’s education and to solve any school-related problems.

We understand and agree that the Administration of CCS has the responsibility and freedom to determine when it is in the student’s and/or school’s best interest for a student to withdraw.

We understand and agree that CCS has the authority to train and discipline our child as necessary according to the procedures laid out in the parent/student handbook. This includes the right to suspend or expel the student if necessary.

We understand and agree that official acceptance is based on review of transcripts, personal interview results, pre-enrollment testing if necessary (at the parent’s expense), and availability of enrollment space.

We agree to make our tuition payments by the 1st day of each month, July 2009 through April 2010, and abide by the following payment policies. (Payments received after the 5th day of the month will be subject to a \$20 late fee. Payments after the 10th of the month will be subject to a \$40 late fee. If over due payments are not received by the 1st day of the following month your child will not be allowed to attend class. This policy will be in force until such payments are brought current.)

We will read and abide by all policies stated in the parent/student handbook.

We understand and agree that enrollment at CCS is a privilege, not a right; and pledge further that, should our child be accepted as a student in the school, we will do everything possible to have our child complete the entire academic year, realizing that another student and family have been denied this privilege as a result of our enrollment.

We understand that tuition does not cover all the expenses of the school and the school needs volunteer support and an active Parent Teacher Organization. Therefore, we agree to donate 8 hours per semester to volunteer at the school. Volunteer efforts can be through the PTO, the faculty, and/or the administration.

We understand and agree that if, despite our efforts to the contrary, our child is unable to complete the 2009-2010 school year all prior tuition payments, application fees, and registration fees are non-refundable. We understand that once a semester begins, all tuition payments are due for that full semester even if our child is unable to complete the full semester. (Life situations, such as job loss, relocation, sickness, or similar circumstances beyond your control will be considered.)

We agree that the information provided in this application is accurate.

We, as parents/guardian of the student applicant, sincerely give our pledge to all items as stated above, and affix our signature as a witness to that fact.

Please Remember:

Submission of this form does **NOT** guarantee acceptance. You will be notified by letter of the decision.

Parents are responsible to keep the office informed of any change of address, phone numbers, employer information, and emergency contacts.

Signature _____ Date _____

Signature _____ Date _____

New Students Only: Please include the application fee of \$75 when submitting the application.