



**Crossing Educational Center
2009-2010 Enrollment Packet Cover Sheet**

Student Information

Date _____

Student Name: _____ Age: _____ DOB: _____ Male/Female

Address: _____ City: _____ Zip: _____

Parent/Guardian E-mail _____

Home Phone: _____ Student Cell Phone: _____

Emergency Contact: _____ Emergency Number: _____

Parent/ Guardian(s) Contact Information

Father's Name: _____ Mother's Name _____

Father Phone: _____ Mother's Phone _____

Father's Cell Phone: _____ Mother's Cell Phone _____

Ethnicity: (circle one):

- 1 - American Indian 2 - Black 3 - Asian 4 - Hispanic Ethnicity and of any race
- 5 - White 6 - Multiracial (Two or More Races) 7 - Native Hawaiian or Other Pacific Islander

Is English your first language? Yes / No

Transfer Status:

Private Tuition _____ School Corporation Sponsored: _____

Tuitions/Scholarship Information:

Do you qualify for: Free Lunch Reduced Lunch Neither

FFNA Application for Scholarship: YES / NO

Total per Month: _____ Deposit: _____ Date Paid: _____

Location/ Session: _____ Start Date: _____

Academic Information:

Current Grade: _____ Cumulative Credits: _____ Last School Attended: _____

Total Credits Needed to Graduate: _____ Timeframe of attendance at CEC _____

Diploma Track:

- Core 40
- Core 40 with Academic Honors
- Core 40 with Technical Honors
- General Diploma with Career Interest: _____ STN _____

GQE Results:

English _____
Math _____

Additional Services

IEP: CASE CONFERENCE DATE _____ Exceptionality _____ Accommodations _____

Section 504: CONFERENCE DATE _____ Exceptionality _____ Accommodations _____

Student Background Information

Have you ever been expelled? YES / NO Reason: _____

Have you ever been suspended? YES / NO Reason: _____

Do you attend church regularly? YES / NO Church: _____

Barriers to Education (Check all that apply):

Offender/ Juvenile Justice Program/ Probation

(Probation Officer's Name: _____)

Homeless or Run Away

Poor School Attendance

Mental/ Emotional Health

Physical Health

List medical problems: _____

List daily medications and dosage Information: _____

Substance Abuse

Family/ Personal Relationships

Other Barriers to Education- Explain:

Sending School or Parent Comments/ Behavioral History (Check all that Apply):

Attendance/ Truancy Problems

Gang Involvement

Threatening

Fighting

Alternative to Expulsion

Non-Performance

Other Behavioral/ Discipline Comments- Explain:

Members Present at Intake Conference:

1) _____ 3) _____

2) _____ 4) _____

HOW DID YOU HEAR ABOUT THE CROSSING?

___ School Referral

___ Friend

Other _____

___ Radio

___ Newspaper

Student Goals:

Career Cluster/ Career Interest:

Post-Secondary Plans:

Behavior Goals: Student and Lead teacher may select as few as one and as many as three behavior goals. The goal(s) must be quantitative in nature. For example: *Student will improve attendance rate to 90%.*

Academic Goals: Student and Lead teacher may select as few as one and as many as three academic goals. The goal(s) must be quantitative in nature. For example: *Student will read on grad- level by January.*

The Crossing National, Inc.
NON-DISCRIMINATION POLICY

The Crossing National, Inc. admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered program.



Crossing Educational Center Enrollment Agreement

Attendance – Attendance is an essential element of educational success. The student is expected to arrive on time with the necessary supplies and remain in class for the full three hours. Any absences or early dismissals require notification from a parent or guardian. Poor attendance does affect educational progress and the number of credits earned.

Educational Progress – The student is expected to make daily progress toward completing his/her assignments and to turn them in on a timely basis. All coursework must be completed satisfactorily in order to receive credit in a subject.

Community Engagement – All students are required to participate in one engagement activity per quarter. Opportunities will be made available at each CEC location.

Consideration for Others – The student is expected to show consideration for all persons at The Crossing. The student must behave in a manner such that his/her behavior does not interfere with the learning of the other students. Foul language, either spoken or written, is unacceptable at all times.

General Rules – All food or drink must be purchased before or after class. No food or drinks are allowed in the computer lab. Smoking is NOT permitted on the grounds of The Crossing. A student arriving under the influence of illegal substances will be sent home and could receive additional consequences. Cell phone use of any type is not permitted during class time. CD, MP3, and IPOD players may be used at the discretion of the teachers.

Dress Code – The student is expected to dress appropriately for class. A student's outfit should not be a classroom distraction. Clothing with foul language or suggestion of sex, drugs, or alcohol is not acceptable for school. Midriffs and cleavage are to be covered and undergarments are not to show. Any attire that promotes gang affiliation will not be permitted.

Building Maintenance – Daily cleaning, upkeep, and building maintenance is expected of all Crossing students and staff. Students will assist in light cleaning of classrooms, bathrooms, and kitchens. Students may be expected to vacuum, dust, and remove the trash or other basic cleaning duties.

Physical Altercations – Fighting is considered to be a very serious offense at the Crossing Education Center. Students should see a staff member to work on conflict resolution prior to the incident rising to the level of a physical altercation. Police will be called for students engaged in a fight. Furthermore, most students involved in a fight are immediately expelled for a first time offense.

Consequences – A student unable to follow the guidelines of this enrollment agreement will be asked to reconsider his/her commitment to school. Continuing problems will result in a meeting with the student, parents, teachers, and administrators. Persistent violations will result in dismissal from the school.

Crossing Faculty and Staff: The Crossing Education Center administration, faculty, and staff believe in the ability of God to transform all lives. One way of living this belief is by hiring those who have personally experienced a dramatic life change thanks to the power of God. Therefore, it is possible that faculty and/or staff members may have criminal records from past experiences.

Please read the following paragraph of understanding and sign below.

I understand the above guidelines for enrollment; if I am unable to follow the above-stated guidelines I may be asked to leave the Crossing.

Parent Signature: _____

Student Signature: _____

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Crossing Educational Center
AUTHORIZATION TO GIVE MEDICATION

Student's Name _____

Crossing Location _____ Date _____

PRESCRIPTION Medication will not be administered at the Crossing.

NON-PRESCRIPTION Medication will not be administered to a student unless written permission by the student's parent or guardian is on file at the school. If you would like to have non-prescription medication (such as non-aspirin pain reliever or cough drops) given to your child during the school year, please complete this form and return it to the Campus Coordinator.

PARENT/GUARDIAN APPROVAL

This certifies that I, the undersigned Parent/Guardian, am aware of the above authorization and hereby request that appropriate school personnel carry it out accordingly. I agree to notify you immediately of any change in circumstance concerning administration of this medication. **I give my permission for this information to be provided to the appropriate school personnel to best meet my student's educational needs.**

Parent/Guardian Signature _____ Date _____

Received by: _____ Date _____

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Crossing Educational Center Media Release Form

I, the undersigned, do hereby consent and agree that the **Crossing Educational Center**, its employees or agents, have the right to take photographs, videotape, or digital recordings of **Crossing Educational Center classes, activities, ...** beginning 7/27/09, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Crossing Educational Center** marketing and training. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Crossing Educational Center**, its agents and employees, all rights to exhibit this work in print and electronic form publicly and privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the **Crossing Educational Center** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read and understand the foregoing statement and am competent to execute this agreement.

Name: _____ Date: _____

Witness for the undersigned: _____

Signature: _____

Guardian Signature: _____

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