CrossRoads Christian Academy

801 State Highway 160 Warrior, AL 35180 (205) 647-3880

Pastor's Recommendation

Family Name	Phone
Address	
Church Name and Address	
Name(s) and grade(s) of children applying	

The family named above has applied for entrance into our school. It is our desire to work with you in a total evaluation of them prior to their being accepted. Would you, therefore, aid us by answering the brief questionnaire below? In this way, we will gain more insight into the family in question, and you, in turn, might be able to use any updated material which appears above on our form. Please feel free to make a copy of this questionnaire prior to its return to us and share its contents with the family, if you so desire.

1. Do you p	ersonally kn	ow the fam	ily?			
2. Has the family been in attendance for more than one year?						
3. Please circ	ele approxim	ate number	of service	s attended per	r month:	
1	2	3	4	5-10	11-16	more
4. Which family members are professing Christians?						

5. Are members of the family active in the work of the church? If "yes", please explain.

6. Based on your p	personal knowledge of the family in question	, would you recommend them to
us? Why? YES N	0	
Pastor's Signature		_
Telephone Number		_

CrossRoads Christian Academy

Student Application for Admission (one for each child)

STUDENT INFORMATION

Name First Middle	Sex _ M /
	Grade level this fall
Previous school name and address	
	diamissed from achoel at any time?
	dismissed from school at any time?
	oncerning grades, attendance and finances at their curren
school? If no, please explain	
Special health problems of which the school	l should be aware
special health problems of which the school	I should be aware
FAMILY INFORMATION (If different	from parent/teacher application)
Father's name	Mother's name
Address	
City, State, Zip	Phone
Fathers business name	Phone
Mother's business name	Phone
Church	Pastor
Church address	Phone
Parent/Teacher Signature:	
Date:	

CrossRoads Christian Academy Parent/Teacher Application

Name	Date of Birth
Address	Phone
City, State, Zip	Cell
E-mail address	
	Phone
Work schedule	
Status of your health/disabilities	
SPOUS	SE INFORMATION
Name of Spouse	Date of Birth
Spouse Employer	Phone
Work Schedule	
Names & Ages of Children	
Parent/child relationship: Are any of the	e children being home educated the offspring of
parents who are divorced or legally separa	ated?YesNo
If YES, please explain who has legal custo	ody on a separate sheet of paper.
Parent/Teacher's educational backgrou diplomas, degrees, etc.)	and and experience (include grades completed,

Parent Questions:

1. Have you accepted Jesus Christ as your personal Lord and Savior?
2. What church do you regularly attend?
3. Address
4. City, state, zip
5. Pastor's name
6. Phone
7. Are you a member in good standing?
8. What regular church activities are you involved in?
9. In what ways have you recognized that God is leading you to educate your children at home?

CrossRoads Christian Academy Statement of Faith

What We Believe

One God

There is one God: The Father, the Son, and the Holy Spirit; who subsist in unity, and also as three separate distinct Persons.

Jesus Christ Is God's Son

Jesus Christ is God's Son. He was born of a virgin as both God and man, lived a sinless life, died to atone for the sins of human beings, was buried, arose from the grave, ascended into heaven, and will literally return to earth.

The Holy Spirit

The Holy Spirit is the divine helper, assistant, counselor and instructor and His work is to reveal Christ, convict of sin, lead to repentance, guide believers, comfort, strengthen, and sanctify the soul.

I understand and am in agreement with the above statement of faith, and if at any time there is a change in my beliefs I shall make it known to the CrossRoads Christian Academy administrator.

Name

Date