



Dear Prospective Parent,

Thank you for your interest in Crossings Christian School, a preschool through 12<sup>th</sup> grade school accredited by the Association of Christian Schools International. Our mission is to partner with parents and church to develop students into Christ-centered servant leaders who are academically and spiritually prepared for college and life. Crossings' core values emphasize the authority of Scripture, academic excellence, spiritual development, and God-honoring relationships. Our philosophy is to completely integrate every area of our curriculum with biblical truth, providing a unique blend of academic content and biblical worldview.

We ask each family to give careful attention to the *Parent Covenant and Statement of Faith* included in the application that is designed to ensure a likeminded partnership between the school and home.

Thank you for considering Crossings. We look forward to the possibility of partnering with you in the education of your child.

Sincerely,

Jennifer Foster  
Admissions Director



## APPLICATION INFORMATION

The mission of Crossings Christian School is to partner with parents and church to develop students into Christ-centered servant leaders who are academically and spiritually prepared for college and life. This partnership requires:

- Families who are growing in their Christian walk and are involved in a local church. Crossings Christian School requires that at least one parent/guardian have a personal saving relationship with Jesus Christ.
- Students whose academic records demonstrate proven capabilities to succeed at CCS. Crossings Christian School requires students to be performing at or above grade level with a minimum of 2.5 average and all passing grades.
- Students whose recommendations show a behavioral history that matches the behavioral expectations of Crossings Christian School. Students who have been expelled should not apply until they have completed a successful year in another school.

### ADMISSIONS TESTING

Student records will be carefully evaluated during the application process. The following testing is required in addition to progress reports and standardized testing from the past two years:

- **Preschool Applicants:** Developmental assessment administered individually
- **Kindergarten Applicants:** Kindergarten Readiness Test administered individually
- **1<sup>st</sup> Grade Applicants:** First Grade Readiness Test administered individually and in small groups
- **2<sup>nd</sup> Grade Applicants and Higher:** WRAT 4, Wide Range Achievement Test administered individually and in small groups

### APPLICATION TIMELINE

- Applications are accepted beginning July 1 of the year preceding the year for which application is being made.
- Testing occurs January through March.
- Interviews are scheduled when all required application materials are received.
- Current CCS families re-enroll in January. Letters notifying applicants of admission decisions are sent in March and April. While CCS continues to accept applications all year, many classes are full following the first round of acceptances in March. In order to be considered in that group of applicants, all application forms, testing, and the interview should be completed before March 1.
- If an applicant is qualified to attend CCS but there are no spaces available in his or her grade, the applicant's name will be placed in a wait pool. Wait pools are not prioritized lists. When and if an opening becomes available, the Admission Committee will convene and select the most appropriate candidate for the opening. Openings occur throughout the spring and summer, and new students are added to the grades where those openings occur.
- Crossings Christian School gives priority to qualified siblings of current CCS students.
- A child must be 3 years old before September 1 to start PS3 class and 4 years old before September 1 to start PK4/5 class. Students must be 5 years of age before September 1 to begin kindergarten, no exceptions. All early childhood applicants must be able to care for restroom needs independently.

### VISITING THE CAMPUS

- Prospective parents/guardians are invited to tour the campus.
- Students in 2<sup>nd</sup> grade and higher are encouraged to visit and spend a half day attending classes and participating in the many exciting activities which occur during a typical day. An application must be on file in order to schedule a visit.
- Please call 405-842-8495 to schedule a tour or a student visit.

### SCHOOL HOURS

- Preschool: 8:30-11:30 half day; 8:30-3:00 full day
- Kindergarten – 4<sup>th</sup> grades: 8:15-3:15
- 5<sup>th</sup> – 12<sup>th</sup> grades: 8:15 – 3:15

### BEFORE AND AFTER CARE

Before and after care is available for preschool through 6<sup>th</sup> grade beginning at 7:45am and going until 5:30pm. See the schedule of fees for before and after care.



## **PROCEDURE FOR ADMISSION**

### **1. COMPLETED APPLICATION**

The following must accompany the application:

- Application fee of \$100.00 (Applications submitted without this fee will not be processed).
- Copies of previous school records including all educational and diagnostic testing, standardized tests, transcripts, and report cards from the last two years or a transcript for students in 8<sup>th</sup> grade and higher (Does not apply to Preschool and Kindergarten applicants).
- Recommendation forms: to be submitted to the appropriate teachers and principal and returned directly to our admission office. Any pastor, Sunday school teacher or youth director may complete the pastoral recommendation.
- Copy of birth certificate
- Copy of immunization records
- Signed Release of Records form (For students entering 1<sup>st</sup> grade and higher)

### **2. TESTING**

After receiving the above requirements, the admission office will schedule testing.

### **3. PARENT/GUARDIAN INTERVIEW**

An interview appointment is made with the parent(s)/guardian(s) and child and a school administrator once testing is scheduled. This interview is a time to answer questions you might have, determine the school's ability to meet the needs of your student, and assess philosophical compatibility.

### **4. ACCEPTANCE**

Acceptance or non-acceptance will be communicated to all families in writing.

### **5. DEADLINES**

The re-enrollment deadline for current student occurs in February. After re-enrollment, new applicants are accepted and placed as space becomes available.

### **6. PAYMENT OF TUITION AND FEES**

Tuition may be paid in full to the school or automatic payments may be set up through FACTS, our tuition payment service. Please indicate your payment preference on the form that accompanies the contract.

### **7. FINANCIAL AID AWARDS**

Application for financial aid is made through a third party, FACTS. Applications are due by April 15 of the year for which application is being made, and must be accompanied by the previous year's completed income tax return. Applications are made online at <https://online.factsmtg.com/aid>. Financial aid can be applied for when tuition payment agreement is set up. The school board financial aid committee reviews applications and notifies families whether they received financial aid and in what amount in May. Additional information on financial aid can be found on our website under admissions.



**CROSSINGS**  
CHRISTIAN SCHOOL

# Application for Admission

## Mission Statement

In pursuit of excellence in education, the mission of  
Crossings Christian School is:

To partner with parents and church to develop students into  
Christ-centered servant leaders who are  
academically and spiritually prepared for college and life.

Crossings Christian School  
14400 N Portland Avenue  
Oklahoma City, OK 73134  
Phone: 405-842-8495 • Fax: 405-767-1520

[www.crossingsschool.org](http://www.crossingsschool.org)

Accredited by ACSI



# CROSSINGS CHRISTIAN SCHOOL

**A Fee of \$100.00 must accompany this application**

Application for Fall ☐ Spring ☐ of school year \_\_\_\_\_ applying for grade \_\_\_\_\_

**If applying for preschool or prekindergarten, please complete Early Childhood Offerings form.**

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

STREET \_\_\_\_\_ APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ☐ MALE ☐ FEMALE

Ethnic background (OPTIONAL for demographic reporting purposes): ☐ African-American ☐ Hispanic ☐ Caucasian  
☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Two or more races

Applicant lives with (check all that apply): ☐ Mother ☐ Father ☐ Legal Guardian  
☐ Stepmother ☐ Stepfather ☐ Other \_\_\_\_\_

Applicant's Parent (s): ☐ Married ☐ Separated ☐ Divorced ☐ Deceased  
If divorced, which spouse holds legal responsibility for school decisions? \_\_\_\_\_  
(Please submit copies of all court documents regarding custody and educational decisions along with the application.)

Current Church \_\_\_\_\_

CCS Affiliation: ☐ CCS Staff ☐ CCS Family ☐ New Applicant ☐ Have Applied Before  
☐ CCC Pastor ☐ CCC Member ☐ Returning Student

## **FATHER'S INFORMATION**

☐ Dr. ☐ Mr. ☐ Other \_\_\_\_\_ Relationship to Applicant ☐ Father ☐ Stepfather ☐ Legal Guardian

Parent/Guardian \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

## **MOTHER'S INFORMATION**

☐ Dr. ☐ Mrs. ☐ Ms. ☐ Other \_\_\_\_\_ Relationship to Applicant ☐ Mother ☐ Stepmother ☐ Legal Guardian

Parent/Guardian \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

**Other children in the family:**

NAME	DATE OF BIRTH	GRADE	SCHOOL
NAME	DATE OF BIRTH	GRADE	SCHOOL

**Will you or have you applied for financial assistance?**

☐ Yes ☐ No

**We first learned of CCS through (check only one):**

☐ Church

☐ Direct Mail

☐ Internet

☐ Telephone Book ☐ Current CCS Family (If so Name \_\_\_\_\_)

☐ Realtor

☐ Other \_\_\_\_\_

Athletics/Activities applicant has participated in or is interested in:

- |                                       |  |                                      |                                   |                                      |
|---------------------------------------|--|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Band         | <input type="checkbox"/> Competitive Academics | <input type="checkbox"/> Drama       | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball  |
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Creative Writing      | <input type="checkbox"/> Football    | <input type="checkbox"/> Speech   | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cross Country         | <input type="checkbox"/> Golf        | <input type="checkbox"/> Strings  | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Debate                | <input type="checkbox"/> Office Aide | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Wrestling   |
|                                       |  | <input type="checkbox"/> Soccer      | <input type="checkbox"/> Track    | <input type="checkbox"/> Other _____ |

The two factors most influencing us to apply to CCS (please select only two):

- ☐ Academic Reputation ☐ Christian Philosophy ☐ Desire to Attend a Private school ☐ Displeasure with Local Schools  
☐ Location ☐ Recommendations from CCS Families

Name of School	Location	Grade(s)	Date
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Name of School	Location	Grade(s)	Date
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Is this applicant eligible to return to his/her current school? ☐ Yes ☐ No

Has your child ever been suspended from any school or asked to leave? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

I/We hereby authorize CCS to obtain all scholastic information and files from all previous schools ☐ Yes ☐ No

Has the applicant received special help for reading or learning difficulty? ☐ Yes ☐ No

Has the applicant been diagnosed with ADD or ADHD? ☐ Yes ☐ No

Is the applicant presently taking any medication? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

Describe any illness, diseases, or physical disabilities that either have affected or may affect your child's general health, school work or participation in the school's athletic programs. Are there currently any behavioral, psychological or educational evaluations, treatments, or interventions?

Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern and his/her relationship with God. We appreciate your assistance in helping us to know your child better.

Grandparents' Name(s) and Complete Address(es) including first and last names and zip code(s)

**Please attach a family photograph with your application**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **CCS PARENT COVENANT and STATEMENT OF FAITH**

The School Board and Administration of Crossings Christian School (CCS) encourage CCS parents to join together, pledging to uphold this covenant in order to glorify God through families, teachers, and students that embody His grace. At least one parent or guardian must pledge support of this covenant.

CCS has a specific spiritual purpose based upon biblical guidelines (Deuteronomy 6:1-9, Ephesians 6:1-4). CCS seeks to be discerning in the area of Christian belief and practice. The Board of Directors and administration are not concerned with denominational preference or affiliation, but are concerned with the personal profession and practice of biblical Christian faith among those who make up the school family. Therefore, it is required that at least one parent or guardian be consistently involved in a Bible-believing church. CCS defines a Christian as a person who by faith has received Jesus Christ as personal Savior and rightful Lord (Ephesians 2:8-9, Romans 10:9-10). It is required that at least one parent or guardian be in agreement with our Statement of Faith and Parent Covenant, and further agree to abide by all other policies and procedures of Crossings Christian School whether contained in the school handbook or otherwise.

I/We as parent(s)/guardian(s) have accepted Jesus Christ as our personal Lord and Savior. I/We as parent(s)/guardian(s) understand, agree, and will commit to the following statement of support:

1. To guide our children through a biblical worldview, recognizing CCS as a supportive partner. (Deut. 6:5-7; Col. 2:8; Matt. 22:37)
2. To pray earnestly for CCS, its families, faculty, staff, and administration. (James 5:16)
3. To serve the school in whatever capacity my time, talents, and gifts will allow, as a result of my growing personal faith in Jesus Christ. (Mark 10:43-45)
4. To live our calling to a higher standard of conduct as evidenced in our thoughts, our words, and our behavior both in school and to the outside community, because as a Christian community CCS bears witness to the character of the Lord Jesus Christ. (Eph. 4:1) As Christ followers, we do not engage in a lifestyle that is biblically immoral or illegal.
5. To preserve unity in the body, by seeking to resolve any conflict within the CCS community by addressing the matter appropriately with the person or persons directly involved. (Matt. 18:15-17)
6. To look for the good in our children's behavior and to praise them and their parents for demonstrating Christ-like character. (1 Cor. 13:4-7)
7. To communicate lovingly to other parents/guardians when we have valid concerns about their child's behavior, so that each of us as parents/guardians may guide our child to grow in Christ-like character. (Col. 3:12-17)
8. To attend school-related meetings designed to foster a community of CCS parents/guardians who are more equipped to work with the school and one another, to educate our children, and to be more unified in our ability to encourage one another in this high calling. (Heb. 10:25)

**In addition, I/we as parent(s)/guardian(s) have read and agree with the following Crossings Christian School statement of faith:**

- The Bible is the perfect, inerrant, and inspired Word of God.
- God exists eternally in three persons: Father, Son, and Holy Spirit.
- Jesus Christ is God's eternal Son. Born of a virgin, He took the form of man; through His sinless life He taught men how to live. He was crucified as a sacrifice for our sins. He rose from the dead, according to the scriptures, and returned to heaven to prepare a place for us. He will come again to receive believers into the presence of God.
- Men and women were created in God's image, were tempted by Satan and rebelled against God. Through repentance and personal faith in Christ, we are forgiven of our sins, reborn in a new relationship with God and placed into the body of Christ.
- Marriage as sanctioned by God in Scripture joins one man and one woman in an exclusive union. We affirm the Biblical principles relating to marriage and sexuality.

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Parent/Guardian Signature

Date

This application must be completed in its entirety by or on behalf of all students seeking admission to Crossings Christian School. It should be filed, along with a non-refundable application fee of \$100.00 at the school office or mailed to:

**Attention: Admission Office  
Crossings Christian School  
14400 N Portland Avenue  
Oklahoma City, OK 73134**

### **Non-Discriminatory Policy**

Crossings Christian School admits students of any race, color, national or ethnic origin and grants all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin, or disability in administration of its education, admission policies, financial aid, athletic and other school-administered programs.



# CROSSINGS CHRISTIAN SCHOOL

## Crossings Christian School 2024-2025 Schedule of Tuition and Fees

GRADE		TUITION	
PRESCHOOL 3			
2 Mornings		\$4,023.00	
2 Mornings & 1 Afternoon		\$4,836.00	
2 Mornings & 2 Afternoons		\$5,558.00	
3 Mornings		\$4,889.00	
3 Mornings & 1 Afternoon		\$5,650.00	
3 Mornings & 2 Afternoons		\$6,371.00	
3 All Day		\$6,914.00	
5 Mornings		\$6,643.00	
5 All Day		\$9,535.00	
PREKINDERGARTEN 4/5			
3 Mornings	MWF \$4,626.00	TWTH	\$4,889.00
3 Mornings & 1 Afternoon	MWF \$5,340.00	TWTH	\$5,650.00
3 Mornings & 2 Afternoons	MWF \$6,020.00	TWTH	\$6,371.00
3 All Day	MWF \$6,529.00	TWTH	\$6,914.00
5 Mornings		\$6,643.00	
5 All Day		\$9,535.00	
TUITION			
K-4th	5 <sup>th</sup> -8th	9 <sup>th</sup> -12th	
\$11,045.00	\$11,580.00	\$11,975.00	
Multi Child Discount Kindergarten-12th			
1 <sup>st</sup> & 2nd Child	3rd Child	4th Child	
\$0	\$400.00	\$800.00	

### Additional Fees:

**\$100.00 One-time Application fee**

**\$400 or \$600 Re-Enrollment Fee:** Re-enrollment requires a \$400 fee per family in order to secure a student's place for the year. **ANY returning student that has not re-enrolled or paid the re-enrollment fee prior to January 31st, will be charged a late re-enrollment fee of \$600 and placement may not be secured.**

**\$400 Annual Enrollment fee:** A spot cannot be held until the \$400 enrollment fee has been paid.

**Tuition payments** are made through FACTS tuition program by ACH draw or credit card. A 3% convenience fee will be added for credit card payments. Your payment options are as follows:

Payment in Full in July

By Semester, half (in July and December)

10 equal payments beginning July and ending April

**Please note: Everyone must have a tuition agreement with FACTS**

Before and/or After School Care Program is available for Preschool – 4<sup>th</sup> grade and Middle School Study Hall for after school for grades 5<sup>th</sup>-6<sup>th</sup>. See separate schedule sheets for cost and enrollment. The drop in rate for Before and/or After Care and Middle School Study Hall is \$15.00 per hour, a punch card must be purchased on the first drop-in for \$75.00.





# CROSSINGS CHRISTIAN SCHOOL

## Additional Parent/Guardian Information

We appreciate your interest in enrolling your child at Crossings Christian School. We view ourselves as partners with you in providing a strong Christian education within a Christian community. Please complete this questionnaire and return it to us with the application.

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

Attach additional sheets if necessary.

1. Please write a brief testimony of your salvation and personal relationship with the Lord and the difference He makes in your life. If more space is needed, use the back of this form or attach a separate sheet.

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2. Please describe the ways in which you integrate your faith into your family's life.

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3. Family's Church Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

NUMBER OF YEARS ATTENDING \_\_\_\_\_

Please check the appropriate boxes:

### Applicant

- ☐ Member
- ☐ Attends church weekly
- ☐ Attends monthly
- ☐ Belongs to Youth Group
- ☐ Rarely attends

### Parent(s)

- ☐ Member
- ☐ Attends church weekly
- ☐ Attends monthly
- ☐ Belongs to Sunday School/Small Group
- ☐ Rarely attends

4. If divorced, please indicate type of custody ordered by the court: ☐ Joint ☐ Sole  
Which spouse holds legal responsibility for school decisions? \_\_\_\_\_  
Is there any special information the school may need?

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Name of Parent/Guardian completing this questionnaire \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Before and After School Care Enrollment Form

Available to students in PS – 4<sup>th</sup> grade

Before School hours are from 7:45 to 8:30 a.m. and After School hours are from 3:15 to 5:30 p.m.

Crossings Christian School, 14400 N Portland Avenue, Oklahoma City, OK 73134, Fax 405-767-1520

BEFORE & AFTER SCHOOL CARE ENROLLMENT		
Student Name: (First/Middle/Last)	GRADE	
Parent/Guardian Name(s)		
Address		
Home Phone (    )	Bus. Phone (    )	Cell Phone (    )

### BEFORE & AFTER SCHOOL CARE OPTIONS

Please indicate the option you are choosing

Before & After School Care	Annual Fee
<input type="checkbox"/> 1 day per week	\$588.00
<input type="checkbox"/> 2 days per week	\$1,171.00
<input type="checkbox"/> 3 days per week	\$1,703.00
<input type="checkbox"/> 4 days per week	\$2,340.00
<input type="checkbox"/> 5 days per week	\$2,927.00
<b>Before School Care Only</b>	
<input type="checkbox"/> 1 day per week	\$181.00
<input type="checkbox"/> 2 days per week	\$365.00
<input type="checkbox"/> 3 days per week	\$545.00
<input type="checkbox"/> 4 days per week	\$726.00
<input type="checkbox"/> 5 days per week	\$906.00
<b>After School Care Only</b>	
<input type="checkbox"/> 1 days per week	\$404.00
<input type="checkbox"/> 2 days per week	\$807.00
<input type="checkbox"/> 3 days per week	\$1,210.00
<input type="checkbox"/> 4 days per week	\$1,614.00
<input type="checkbox"/> 5 days per week	\$2,024.00

If you are using Before and After Care part-time, **please indicate which days** you will be using below.

Payments may be made in full directly to Crossings Christian School or through FACTS tuition program by ACH draw or credit card.

**Space is limited. Priority is given to parents who both work outside of the home.**

NOTE: If a family falls behind in paying extended care fees, their children will be withdrawn. Re-enrollment is subject to full payment of fees. Space will be at risk unless the account remains current. All fees are due on a monthly basis regardless of the child's attendance. **Late pick ups will incur a \$15.00 flat fee for the first 5 minutes late and then \$3.00 per minute late fee thereafter. If there are more than 5 late pick-ups during any given school year, the children will be withdrawn from the program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# CROSSINGS CHRISTIAN SCHOOL

## ELEMENTARY TEACHER RECOMMENDATION FORM

Please have the referring teacher return this form directly to Crossings Christian School.

Crossings Christian School, 14400 N Portland Avenue, Oklahoma City, OK 73134, Fax 405-767-1520, admissions@crossingsschool.org

Applicant's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED

Dear Elementary Teacher,

The above named student is applying for admissions to Crossings Christian School. Your evaluation of the student will be an invaluable tool in the admission process. The applicant's file will not be complete without the return of this form. Thank you in advance for your time and your comments.

Please indicate your preference: This information ☐ may or ☐ may not be shared with the parents.

		<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
1.	<b>FAMILY</b>					
	Supports Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supports School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>PERSONAL ATTRIBUTES</b>					
	Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in Non-Academic Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>STUDY HABITS</b>					
	Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completes Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>ACADEMIC PERFORMANCE</b>					
	Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>HEALTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b>ATTENDANCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. This student has been enrolled in this school for \_\_\_\_ years. I have personally known this child for \_\_\_\_ years.

8. Does the student have any significant limitations? (Physical, social, mental, emotional)

9. Has outside support/help been suggested to the parent? \_\_\_\_\_ If yes, explain

10. Has the child received outside support/help? \_\_\_\_\_ If yes, what kind and from whom?

11. Are you aware of any circumstances that may affect the child's success in school? \_\_\_\_\_ Please explain.

12. This student has been sent to the office for disciplinary problems ☐ often ☐ infrequently ☐ never

13. Is the student eligible to pass to the next grade? \_\_\_\_\_ Continue in your school? \_\_\_\_\_

TEACHER'S NAME (please print)

SIGNATURE

DATE

SCHOOL

PHONE

EMAIL

Please write any additional helpful comments on the back.



## Principal Recommendation Form

14400 N Portland Avenue, Oklahoma City, OK 73134 • Phone (405) 842-8495 • Fax (405) 767-1520 • Email [admissions@crossingsschool.org](mailto:admissions@crossingsschool.org)  
[www.crossingsschool.org](http://www.crossingsschool.org)

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Last First Middle Preferred Name

Instructions to the Parents/Guardians: Please fill in the name of the applicant, grade and date. Then give the form to your son/daughter's principal or other authorized officer at his/her current school. Ask that it be completed and returned directly to CCS. Thank you.

My son/daughter is applying for admission to Crossings Christian School. I would appreciate you completing this form and returning it directly to the Admissions Director at the fax or address given above. I hereby authorize the release of my child's records and evaluative data pursuant to this request. I understand that this information is confidential and further acknowledge that there is no future liability for either your office or Crossings Christian School in the handling of this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Current School \_\_\_\_\_

Address of School \_\_\_\_\_

Phone Number \_\_\_\_\_ Length of time acquainted with student \_\_\_\_\_

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

Rating	5	4	3	2	1	#
<b>INTEGRITY</b>	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
<b>CONDUCT</b>	Outstanding in every respect	Generally excellent	Good or acceptable	Marginal	Poor	
<b>LEADERSHIP AND ABILITY</b>	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions	No sign of leadership or involvement	Record of irresponsibility	
<b>INTEREST IN NON-ACADEMIC ACTIVITIES</b>	Outstanding, top activities	Commendable, top or next to top activities	Active	Minor participation	No participation	
<b>RESPECT FOR AUTHORITY</b>	Works very well with those in authority	Works well with those in authority	Respects authority	Periodic rebelliousness to authority	Record of rebelliousness to authority	
<b>PARENTAL SUPPORT</b>	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive critical of school	
<b>SUMMARY</b>	Outstanding	Excellent	Good	Fair	Poor	

Is the applicant's record with you a true index of ability, or have outside circumstances interfered with academic achievement? (For example: illness, excessive involvement in extracurricular activities, difficult home situation, etc.)

☐ Yes ☐ No If not a true index, please explain. \_\_\_\_\_

This student has been sent to my office for disciplinary problems ☐ Often ☐ Seldom ☐ Never

This student has been suspended \_\_\_\_\_ times this year and \_\_\_\_\_ times in the past.

Has the student been suspended and therefore not eligible to return next year? ☐ Yes ☐ No

Principal's Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please write any additional helpful comments on the back.**



**CROSSINGS**  
CHRISTIAN SCHOOL

### Pastor Recommendation Form

Please have the referring pastor, Sunday School teacher, or youth director return this form directly to the School.

Crossings Christian School, 14400 N Portland Avenue, Oklahoma City, Ok 73134, (Fax 405-767-1520)

admissions@crossingsschool.org

[www.crossingsschool.org](http://www.crossingsschool.org)

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED

Parent(s) Name \_\_\_\_\_

Dear Pastor,

The mission of Crossings Christian School is to partner with parents and church to develop students into Christ-centered servant leaders who are academically and spiritually prepared for college and life. This information will aid in the admission process as well as in the ministry which Crossings Christian School will have with the family if they become part of the CCS family.

We appreciate your completion of this form as well as your ministry in the community.

1. How long have you known this family or applicant?

2. Are they involved in any areas of service to your church?

3. Please check the appropriate boxes:

X	Student Applicant	X	Parent
<input type="checkbox"/>	Member	<input type="checkbox"/>	Member
<input type="checkbox"/>	Attends church regularly	<input type="checkbox"/>	Attends church regularly
<input type="checkbox"/>	Belongs to youth group or Sunday School Class	<input type="checkbox"/>	Belongs to small group or Sunday School Class
<input type="checkbox"/>	Does not attend	<input type="checkbox"/>	Does not attend

4. Please write any additional helpful comments:

5. Would you recommend that Crossings Christian School accept this student?

☐No

☐Questionable

☐Yes

NAME (please print)

SIGNATURE

DATE

AREA OF MINISTRY

CHURCH NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP



### Home School Transcript

Report courses by year and grade level.  
Report numerical grades not letter grades.

Applicant's Name \_\_\_\_\_

LAST

FIRST

MIDDLE

PREFERRED NAME

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YEAR \_\_\_\_\_

GRADE \_\_\_\_\_

Subject	No. Semesters	Course Name	Publisher/ Instructor	Sem I Grade	Sem II Grade	Final Grade

Year \_\_\_\_\_ Grade \_\_\_\_\_

Subject	No. Semesters	Course Name	Publisher/ Instructor	Sem I Grade	Sem II Grade	Final Grade

NAME AND POSITION OF PERSON COMPLETING FORM

SIGNATURE AND DATE



# CROSSINGS CHRISTIAN SCHOOL

**MAIL TO: Crossings Christian School**  
**14400 N Portland Avenue**  
**Oklahoma City, OK 73134**  
**Phone: (405) 842-8495**  
**FAX: (405) 767-1520**  
**Email: admissions@crossingsschool.org**

**For students entering grades 1<sup>st</sup> and higher**

<b>STUDENT RECORD RELEASE AUTHORIZATION</b>	
Previous School	
Address	
City/State/Zip	
Phone (    )	Fax # (    )

Dear Administrator/Registrar:

The following student has enrolled in our school. In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please forward his/her cumulative records to Crossings Christian School. Please include all report cards, test scores, health/immunization records, and any special program records.

Student Name	Age and Date of Birth	Grade at Withdrawal	Current Grade

I give my permission for the above records to be released.

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Signature of Requesting Registrar

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date