



Dear Prospective Parent,

Thank you for your interest in Crossings Christian School, a preschool through 12th 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



Admission Criteria for International Students

Crossings Christian School is looking for Christian students who are serious about learning and are from Christian families where one or both parents are Christians faithfully attending a Bible teaching church. Students are invited to apply for 9th grade or higher.

Partnership Requirements

The mission of Crossings Christian School is to partner with parents and the 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 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 grade point 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.

Additional Requirements

- Students who have been expelled from any other school will not be admitted to CCS.
- Students must want to attend CCS.
- Students must maintain a 2.0 grade point average.
- CCS will not accept incoming seniors during second semester.
- If student is transferring from another private school, all financial obligations must be met at the prior school.



CROSSINGS
CHRISTIAN SCHOOL

English Language Recommendations for International Students

In order for international students to do well academically in an English language studies environment they should be able to read, write, understand, and speak in English at an adequate level.

Students applying for admission to Crossings Christian School in 9th through 12th grades should have a score of one of the following:

- 45 or above on the SLEP test
- 470 or above on the TOEFL written test
- 150 or above on the TOEFL computer based test
- 47 or above on the TOEFL internet based test



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

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:

☐ Band

☐ Competitive Academics

☐ Drama

☐ Softball

☐ Volleyball

☐ Baseball

☐ Creative Writing

☐ Football

☐ Speech

☐ Visual Arts

☐ Basketball

☐ Cross Country

☐ Golf

☐ Strings

☐ Vocal Music

☐ Cheerleading

☐ Debate

☐ Office Aide

☐ Tennis

☐ Wrestling

☐ Track

☐ 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

Name of School

Location

Grade(s)

Date

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.

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 in administration of its education, admission policies, financial aid, athletic and other school-administered programs.



CROSSINGS
CHRISTIAN SCHOOL

International Student Tuition and Fee Schedule

Tuition for Grades 9-12	\$17,963
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Half of annual tuition & enrollment fee due with contract

(to be paid before I-20 transfer will be processed)

Tuition to be paid in full by July 1

Application Fee Grades 9-12	\$100
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Enrollment Fee Grades 9-12	\$400
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Homestay Fee (if applicable)	Approx. \$7,000
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Housing is not available through Crossings Christian School at this time. Those wishing to apply will need to obtain their own host homes. We ask that students live with a Christian family and regularly attend a Bible teaching church.



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.

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

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? _____

Name of Parent/Guardian completing this questionnaire _____

Relationship to applicant _____

Signature _____ Date _____



CROSSINGS CHRISTIAN SCHOOL

MATH TEACHER RECOMMENDATION FORM (For 5th Grade and Higher)

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)

Applicant's Name: _____ Current Grade: _____
LAST FIRST MIDDLE PREFERRED

Dear Math 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 to 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.	FAMILY					
	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.	PERSONAL ATTRIBUTES					
	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.	STUDY SKILLS					
	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.	ACADEMIC PERFORMANCE					
	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Procedures	<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.	HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	ATTENDANCE	<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 <input type="checkbox"/> often <input type="checkbox"/> infrequently <input type="checkbox"/> never					
13.	Do you recommend this student for honors level coursework in this subject area? _____					
14.	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.



CROSSINGS CHRISTIAN SCHOOL

ENGLISH TEACHER RECOMMENDATION FORM (For 5th Grade and Higher)

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)

Applicant's Name: _____ Current Grade: _____
LAST FIRST MIDDLE PREFERRED

Dear English 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 to 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. FAMILY					
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. PERSONAL ATTRIBUTES					
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. STUDY SKILLS					
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. ACADEMIC PERFORMANCE					
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Language	<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. HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ATTENDANCE	<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 <input type="checkbox"/> often <input type="checkbox"/> infrequently <input type="checkbox"/> never				
13.	Do you recommend this student for honors level coursework in this subject area? _____				
14.	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

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

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 know 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



CROSSINGS CHRISTIAN SCHOOL

MAIL TO: Crossings Christian School
14400 N Portland Avenue
Oklahoma City, OK 73134
Phone: (405) 842-8495
FAX: (405) 767-1520

For students entering grades 1st and higher

STUDENT RECORD RELEASE AUTHORIZATION	
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



CROSSINGS CHRISTIAN SCHOOL

Family/Student Emergency Information Form

Child's Name _____ Grade _____ ☐ M ☐ F Child's Name _____ Grade _____ ☐ M ☐ F

Child's Name _____ Grade _____ ☐ M ☐ F Child's Name _____ Grade _____ ☐ M ☐ F

Home Phone # _____ First contact Phone # to call in case of emergency or illness _____

Home Address _____
Address City State Zip

Father's Name _____ Work # _____ Mobile # _____

Mother's Name _____ Work # _____ Mobile # _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Church Home: _____

Dual household are required to have 1 form per legal guardian. Please note custody arrangements on the line below.

E-mail address(es) where you want to receive school communication _____

In event of illness or emergency and parents cannot be reached, we should notify:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Persons authorized to pick up child other than parent (please make us aware of custody situations):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Physician's Name _____ Phone # _____ Hospital Preference _____

Insurance Company _____ Group # _____

PLEASE ANSWER AND EXPLAIN THE FOLLOWING:

Does your child/children have any physical limitations? ____ Yes ____ No

If yes, list name and limitations: _____

Does your child/children take any medications regularly? ____ Yes ____ No

List name and medications: _____

If medication is administered at school you must also fill out medication forms located in the main offices.

Does your child/children have any allergies? ____ Yes ____ No

If so, list name and allergies: _____

MEDICAL RELEASE

I hereby acknowledge that said named above minor/s is presently under my care, custody, and control. In the event an emergency arises, necessitating medical or surgical attention, I hereby give my permission to Crossings Christian School staff, its agent or representative, or attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor/s, which may in their sole discretion, be necessary and proper under the circumstances.

I release, acquit, discharge, and covenant to hold harmless Crossings Christian School staff, its agent or representative from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by said child/children during attendance. I also acknowledge that all financial debts incurred are my responsibility and that Crossings Christian School staff or its agent or representative is not responsible.

Name of Parent/Guardian _____ (Please Print)

Signature _____ Relationship _____ Date _____



CROSSINGS
CHRISTIAN SCHOOL

STUDENT MODEL/DIRECTORY RELEASE INFORMATION

DIRECTORY RELEASE

I hereby authorize and permit **Crossings Christian School** and those operating under its authority **the right and permission to publish student and parent/guardianship names, address, phone, and email** address as I have provided as a part of the CCS school-wide directory for this school year and each following school year in which my child is enrolled at Crossings Christian School.

- ☐ Yes! Please include my information in upcoming directory listings.
☐ address ☐ home telephone ☐ cell number ☐ email
- ☐ No! Please do not include my information in upcoming directory listings.
-

MODEL RELEASE

I hereby authorize and permit **Crossings Christian School** and those operating under its authority the right and permission to copyright and/or publish photographic and/or video images of me and/or my minor child in which I/he/she may be included, in whole or in part, for publicity, advertisement, website, stock use or other purposes this school year, and each following school year.

I hereby waive any right that I/he/she may have to inspect and/or approve the finished product or the advertising copy that may be used in connection with such images, or the use to which it may be applied.

I hereby release and agree to indemnify and hold harmless **Crossings Christian School** and those operating under its authority from liability for the use of these pictures or video. I warrant that I am of full legal age, and that I have read and understand the contents of this release and authorization.

- ☐ Yes! Please feel free to include my student's name on any CCS online or printed brochures.
☐ Yes! Please include my student's photograph on any CCS online or printed brochures.
☐ No! Please do not include my student's photo and/or name on any CCS online or brochure

Date _____

Name of Student _____

Signature of Parent/Guardian _____



CROSSINGS
CHRISTIAN SCHOOL

Drug and Alcohol Policy Acknowledgment Form
(Mandatory for enrolled students grades 7th - 12th)

As the parent or legal guardian for _____ (student's name), as a condition of attending Crossings Christian School, I agree and acknowledge that my child(ren) or those children that I am legally authorized to care for, will be subject to the CCS Drug and Alcohol Policy (see attached policy) for this school year and each following school year in which my child is enrolled at Crossings Christian School.

I acknowledge that I have received a copy of and read this policy and agree to be bound by its terms and provisions.

Legal parent or guardian's printed name _____

Legal parent or guardian's signature _____

Date _____



CCS DRUG AND ALCOHOL-FREE CAMPUS POLICY

CCS desires a drug and alcohol free campus. Therefore, if a CCS staff member suspects that a student may be under the influence of alcohol or drugs, that staff member shall report the matter, upon recognition, to the appropriate principal, his or her designee, or the headmaster, if neither the principal nor designee is immediately available. The principal or designee shall immediately notify the headmaster of the matter. The student's parent or legal guardian shall also be notified as soon as possible.

As soon as reasonably possible thereafter, appropriate and adequate action will be taken to investigate the matter, including, without limitation, searching, or allowing to be searched, those areas in the student's control including, without limitation, backpacks, lockers, and automobiles. The school may test for drug use, which may include breath tests or other common sobriety tests, document the steps and findings of the investigation, and to report the conclusions of such investigation to the student and parents of the student, as the principal and headmaster deem appropriate.

The CCS administration may also, at its discretion, invite law enforcement or other qualified personnel to conduct random searches or assist in a specific search on CCS property. Such a search may include any and all personal property of students and faculty.

If a CCS staff member has received what he or she believes to be proof of substance abuse, including but not limited to a student who tests positive for drug use or a student is found to be in possession of drugs or drug paraphernalia or is under the influence of drugs, the student will be suspended and otherwise disciplined according to CCS policy, including expulsion and/or the filing of criminal charges, at the discretion of the appropriate principal and the headmaster, taking into advisement the counsel of the board Executive Committee.

Any drug prescribed by a physician for use by a student must be in a container which includes the prescription, and possession of a drug without a prescription shall be sufficient evidence of chemical abuse requiring further investigation. Possession by a student of a prescribed drug in a manner which complies with this policy may be verified with the parent or guardian of the student. Prescribed drugs are drugs being used by a student under a current, valid doctor's prescription and used in the manner prescribed.

Drug test results, positive or negative, are not required in order to establish a violation of this policy on chemical abuse. Any violation, proven to the satisfaction of the CCS administration, will subject the violating student to the procedures set out under the section herein relating to consequences for positive chemical abuse test results.

I. Chemical Abuse Testing Definitions

- A. "Alcohol"** means any substance as defined in Title 37, Oklahoma Statutes, Sections 163.2 or 506.
- B. "Drugs" or "illegal drugs"** mean any substance which an individual may not sell, possess, use, distribute, or purchase under either federal or Oklahoma law. "Illegal drugs" includes, but is not limited to, all scheduled drugs as defined by law, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose or, otherwise as defined in Title 63 Oklahoma Statutes, Section 63-2-101. And, the use of the term drugs or illegal drugs shall also include alcohol and performance enhancing drugs.
- C. "Drug Paraphernalia"** means equipment/apparatus designed for or used for the purpose of measuring, packaging, distributing, or facilitating the use of drugs.



- D. **“Drug use test”** means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drugs or the metabolites thereof.
- E. **“Medical Review Officer” (MRO)** means a physician with specialized training and certification in the evaluation of drug test results. The MRO is tasked with the review of all confirmed positive laboratory test results, notification of the student's parents or legal guardians and verification of any prescription medications the student may be taking. The MRO will make a final determination of the result status based on this review prior to test results being reported to the designated contact at CCS.
- F. **“Performance enhancing drugs” or “steroids”** include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed, or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as vitamins, minerals, and proteins which can be lawfully purchased in over-the-counter transactions and which would not be prohibited by the Oklahoma Secondary School Activities Association for a student's use.
- G. **“Positive”** when referring to a drug use test administered under this policy means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.
- H. **“Possession”** means having the item in issue (e.g. drugs) on one's person or knowing of the presence of the substance and having physical control of it (actual possession), or having the power and intention to control the substance (constructive possession) such as by the owner of a motor vehicle, locker, package or case, or by the driver of a motor vehicle or the one in possession of the package or case, if the owner is not present, who is keeping or allowing to be kept in the vehicle, package or case the item in issue (e.g. drugs).
- I. **“Random selection method”** means a basis for selecting students for drug testing that: Results in an equal probability that any student from a group of students subject to the selection mechanism will be selected and does not give the school discretion to waive the selection of any student selected under the mechanism.
- J. **“Reasonable suspicion”** means a suspicion of substance abuse based on specific observations made by CCS staff of the appearance, speech, or behavior of a student; the reasonable inferences that are drawn from those observations; and/or plausible information of substance abuse by a student supplied to CCS staff by other students, staff members, or patrons.
- K. **“Substance abuse”** means the possession of or use by a CCS student of drugs or alcohol or both.

II. Procedures for Substance Abuse Testing

Each CCS student enrolled or enrolling in grades 7 through 12 (herein referred to as a “student”) shall be provided with a copy of the "Student Drug Testing Consent Form" which shall be read, signed, and dated by the student and his or her parent or custodial guardian. The form is the consent of both the student and his or her parent or guardian that the student will provide a urine sample for purposes of testing in accordance with this policy, under the following circumstances: (a) when the student is selected by the random selection method to provide a urine sample; and (b) at any time when there is reasonable suspicion to test the student for substance abuse. No student shall be accepted for enrollment at CCS unless the student has returned the properly signed "Student Drug Testing Consent Form."

As often as CCS Administration deems appropriate, students in grades 9-12 will be chosen for drug use testing on a random selection basis from a list of all students. CCS Administration will determine the number of student names to be drawn at random to provide a urine sample for chemical abuse.

In addition to the drug tests required above, any student in grades 7-12 may be required at any time, to submit to a drug use test when any CCS staff member has reasonable suspicion of substance abuse by that student. Any drug use test will be administered by or at the direction of a professional laboratory chosen by the CCS administration.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to provide every reasonable safeguard to the personal and privacy rights of the student, obtained in a manner designed to minimize intrusiveness, while taking into consideration the accuracy and integrity of the testing process. The headmaster or his/her designee(s) shall then determine whether the original finding was justified. No further review of the headmaster's decision will be provided and his/her decision shall be conclusive in all respects. Every CCS student has the right to appeal a decision by CCS regarding disciplinary procedures for chemical abuse in accordance with the appeal process set out in the student handbook. Any necessary interpretation of this policy in carrying out the general intent of this policy shall be in the sole and exclusive judgment and discretion of the headmaster and shall be final and non-appealable.

III. Consequences for Positive Chemical Abuse Test Results

Any student who tests positive in a drug test under this policy shall be subject to the following procedures, requirements and restrictions:

The parent/guardian will be contacted immediately and a conference will be scheduled with the principal, to present the test results to the parent/guardian. The headmaster will be notified of the positive test results. Then, a meeting will be conducted with the student and the parent/guardian concerning the positive drug test.

FIRST OFFENSE: Upon receipt of the first positive drug test result, to continue as a student in good standing at CCS, the student and parent/guardian must do the following:

- (1) As soon as possible but at least within thirty (30) days of meeting with the student, show proof that the student has been the subject of a substance abuse assessment from a qualified drug treatment program or counseling entity and provide the principal with the written recommendation from that entity as to the need for counseling or treatment, or that there is no such need for such counseling or treatment;
- (2) The student must immediately begin any counseling or treatment recommended by the treatment program or counseling entity, provide the CCS administration with proof (satisfactory to CCS) of any required attendance and/or participation by the student, and provide written confirmation of the successful completion of such treatment or counseling;
- (3) Agree to submit to up to three (3) subsequent drug tests, at the expense of the parents or guardian of the student and to be administered at the discretion of the CCS administration throughout the remainder of the then current school year, but no more often than one (1) test per month, unless there is reasonable suspicion of another violation of this policy, and agree to submit to one (1) test prior to the beginning of the subsequent school year, in accordance with the testing provisions of this policy;
- (4) At the sole discretion of the CCS administration, the student may be removed from any or all cocurricular activities for a defined period, and the appropriate sponsors or coaches of such co-curricular activities will be notified.
- (5) If parent/guardian and student agree to and comply with these provisions, the student may continue enrolment at CCS, though the student remains subject to all other rules, procedures, policies and discipline of CCS. Should the student or the parent/guardian not agree to these provisions the student will no longer be enrolled at CCS.

SECOND OFFENSE: Positive results for substance abuse on any subsequent drug test (as described herein) may result in expulsion of the offending student at the sole discretion of the CCS administration.

THIRD OFFENSE: Subsequent to a second violation of this drug policy, any violation of a CCS policy regarding substance abuse or other serious behavioral infraction shall result in expulsion of the offending student.

Refusal to Submit to Drug Use Test

If any student refuses to submit to a drug test or intentionally evades or tampers with a drug test authorized under this policy such action will be treated as a positive test result. Students will be allowed up to two (2) hours if unable to immediately provide a urine sample when required under this policy.

IV. Self Reporting or Parental Reporting

Without any prior offense of this policy, any student who reports his or her own violation of this policy, or any parent who reports his or her child's violation of this policy will be handled under the procedures for a first offense, but with due consideration for the cooperative nature of such a confession.

V. Assurances Provided to Students

Results of student drug tests will not be disclosed to law enforcement unless required by applicable law or order of court.

Results of student drug tests will be destroyed when the student graduates from CCS or when CCS is provided with evidence of graduation from another high school.

All positive drug tests will be reviewed by a certified Medical Review Officer (MRO) prior to results being reported to CCS.

There will be no negative academic consequences resulting from the time required for drug testing under this policy.

Except where dissemination of information is required to carry out, administer or enforce this policy, CCS will maintain as confidential all student information taken and required under this policy.



International Student Application Checklist

1. Completed Application including all additional forms
2. SLEP or TOEFL test scores verification document
3. Copy of Passport and current Student Authorization (if available)
4. All original plus officially translated copies of transcripts and/or report cards
5. \$75 (U.S. Dollars) application fee (non-refundable) payable to Crossings Christian School
6. Guardianship/Custodial Documents (if applicable)
7. Completed contract and financial responsibility forms once accepted.
8. Copy of Birth Certificate
9. Copy of Immunization Records

Additional Notes

1. Application fee and tuition can be paid by bank-transfer, money-order, or certified check. Please make checks or money-orders payable in U.S. dollars to: Crossings Christian School. Half of annual tuition & enrollment fee are due with contract. Tuition to be paid in full before July 1.
2. Fees are subject to change.
3. Financial arrangements for payment of tuition are to be made through the business office.
4. Housing is not currently available through Crossings Christian School at this time. Those wishing to apply will need to obtain their own host homes.