

Student Information

.....
First Name (Nick Name) Last Name Gender

Date of Birth: T-shirt Size:

CRCS Level Entering in the Fall:

Grammar Level 1 (3rd Grade)

Grammar Level 2 (4th Grade)

Academic Information

Please complete the following chart.

Subject	Last Level Completed	Curriculum Used	Notes About Your Student's Abilities, Attitude, and Effort for Each Subject
Art			
Biblical Studies			
Foreign Language			
Grammar			
Literature and Writing			
Math			
History and Geography			
Science			

Does your student meet the minimum entrance requirements listed on page 1? Yes No

If no, please explain:

The following questions should be answered by the **parent** of the prospective CRCS student.

Why have you decided to enroll your student?

What are your student's academic strengths?

What are your student's academic weaknesses?

Does your student have any special needs or are there special considerations about which we should be made aware?

Is there any other information that would better help us meet the needs of your student?

Please briefly describe your family's involvement in your church:

Please briefly describe your family's relationship with the Lord:

The following questions should be answered by the **prospective CRCS student**.

Why would you like to become a CRCS student?

What aspect of your academic life are you planning to work on this year and how do you plan to achieve your academic goals?

What are your long-term academic goals and career aspirations?

What interests do you have outside of school?

MEDICAL RELEASE

I, _____, the parent of _____ give permission for my child to be treated in case of an emergency. I do not hold the Classical Roots Christian School or Headwaters Church responsible for any injuries which occur to my child while on the premises.

Signed: _____ Date: _____

Emergency Phone Number: _____ Relationship: _____

Children's Physician's Name: _____

Phone: _____

Effective August 15, 2023, through May 19, 2024

Please list any physical conditions that may affect your children's participation in the CRCS program or treatment (allergies, etc.):

INSURANCE WAIVER

I give my children permission to participate in the CRCS program and hereby waive, release, and forever discharge any and all claims or responsibilities of CRCS, Headquarters Church, or premises, employees, volunteers, officers, agents or servants for damages or injuries which may arise to my children.

Signed: _____ Date: _____

PERSONAL INFORMATION RELEASE

CRCS provides a family directory with the names, addresses, telephone numbers and ages of the children enrolled in the program. This directory will be distributed to CRCS families only. This information should only be used for personal contact with fellow CRCS families.

I allow my personal information to be distributed to the enrolled families of CRCS. I understand that the directory I am given should be used for my personal use only.

Signed: _____ Date: _____

IMAGE RELEASE

Classical Roots Christian School desires to promote the positive activities, honors, and work of our staff and students. This includes publishing photos and school information via our website, newsletter, and social media. These publications may include information, likenesses, and images of students, parents, and faculty.

We understand that families may request that we not publish images of their children. Please fill out the form below to inform us of your wishes regarding publicity. (Please print your child's names in the space below)

I/We DO give permission for _____'s image/photograph, name, or work to be used as described above. We understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for _____'s image/photograph, name, or work to be used as described above.

Parent/Guardian Name(s) _____

Parent/Guardian Signature _____

Date _____

If a situation arises that may change your child's status regarding publicity, please notify CRCS in writing as soon as possible.

POLICY ACCEPTANCE

Parent Policy Acceptance

I have read the CRCS Handbook fully and carefully. I understand and agree to follow all the policies found in the CRCS Handbook and will help my children do so as well. I understand that not adhering to the outlined policies may result in expulsion from the program without refund.

Signed: _____ Date: _____

Student Policy Acceptance

I have read the Policy section of the CRCS Handbook fully and carefully. I understand and agree to follow all the policies found in the CRCS Handbook. I understand that it is very important to follow these rules so that all students can learn and enjoy themselves. I also understand that if I don't follow these rules, I may be asked to leave the program, which I will do with respect and dignity towards CRCS.

Signed: _____ Date: _____

CRCS Use Only

Date Confirmation Sent.....

Date Received:

Received: Registration Policy Release Registration Fee Teacher/Staff Application

Student(s): Accepted Wait Listed Denied