

**2024-2025 NEW STUDENT Application
for Admission to Classical Roots Christian School**

Student Name:

Grade Applying For:

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Thank you for considering Classical Roots Christian School for your child's education journey. Below you will find an outline of the application process timeline and requirements.

APPLICATION PROCESS:

- Complete this application electronically (Please confirm you have the correct application. Returning students should complete the "Re-enrollment Application")
- Save the completed application to your device.
- Upload and submit saved application through the submission form at <https://www.classicalrootschristianschool.org/apply>
- Pay application fee online (you will be redirected after submitting form)
- After application AND application fee are received, you will be contacted by school office to schedule a parent & student interview including an academic assessment
- New student applications for NEW families will not be processed or reviewed until February 5, 2024. Existing CRCS families should submit this application for incoming new student(s) during the re-enrollment period prior to February 5th.

Students are officially enrolled with a place guaranteed when acceptance offer is confirmed by payment of non-refundable \$75 enrollment fee.

ADDITIONAL DOCUMENTATION:

- If transferring from an established educational institution, please submit all standardized test scores and any IEP or 504 documentation along with your application.

AGREEMENT AFFIRMATION:

1. Please read and acknowledge that you have read and agree with these statements:

<https://www.classicalrootschristianschool.org/before-application>

Initial here:

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: _____

After reviewing the application requirements, and concluding that Classical Roots Christian School is in alignment with your family's values and goals for education, we invite you to complete the remainder of this application.

STUDENT INFORMATION

Legal last name:
Legal first name:
Legal middle name:
Nickname:
Sex: M F
Student's Birthday:
Student's age by Aug 1, 2024:
Student Address:

EDUCATION & FAMILY HISTORY

School last attended:
Grade last completed:
Grade level applying for in 2024-2025 school year:
Has student ever been asked to withdraw from a school?: Y N
If transferring from homeschool, what do you anticipate will be of benefit to your student and/or family from attending CRCS?:
If transferring from homeschool, what were your favorite aspects of homeschooling?:
If transferring from homeschool, what were your challenging aspects of homeschooling?:
Student's areas of academic strength?:

Students' areas of academic weakness?:
How important is educational rigor (high expectation of academic achievement) to your family?: Not at all Somewhat Important Very Important
Why are you interested in enrolling your student in CRCS?:
Are there any special needs or considerations your student would need that we should be made aware of?:
Is there any information that we should be aware of that would better help us meet the needs of your student?:
Please briefly describe your family's involvement in your church:

PARENT INFORMATION

Mother's Name:

Address:
Primary Contact Phone Number:
Email Address:
Are you a regular attender or member of a church?: Y N
If yes, which church?:
Hobbies or special interests:
Occupation:

Father's Name:

Address:
Same as mother's address: Y N
Primary Contact Phone Number:
Email Address:
Are you a regular attender or member of a church?: Y N
If yes, which church?:
Hobbies or special interests:
Occupation:

EMERGENCY CONTACT (Person student does not live with)

First Name:
Last Name:
Relationship to student:
Mobile Phone:

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 and Headwaters Church responsible for any injuries which occur to my child while on the premises.

Signed: _____ Date: _____

Children's Physician's Name: _____

Phone: _____

Effective August 15, 2024, through May 30, 2025.

Please list any physical conditions that may affect your children's participation in the CRCS program (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 Classical Roots Christian School, Headwaters 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.

I/We DO give permission for this student’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.

If you do not grant permission to CRCS for image release please detail your circumstances that inhibit your ability to give the school this permission:

If a situation arises that may change your child’s status regarding publicity, please notify Classical Roots Christian School in writing as soon as possible.

Parent/Guardian Name(s)_____

Parent/Guardian Signature_____ Date:_____

TUITION

Please select tuition payment option below:

Option #1: Pay \$2,450 in full by July 1, 2024

Option #2: Pay \$1,225 by July 1, 2024 with second payment scheduled for Nov 1, 2024

Option #3: Make monthly payments of \$245 (+ processing fee) July 1- April 1 (10 monthly payments) that are set up on an ACH auto-withdraw from a bank account.