

Crossroads Baptist Academy

2574 Westgate Parkway

Dothan, AL 36303

(334) 794-8222

Pre-Application for Student Admission

General Information

Applying for School year: 20_____ - 20_____ Grade: _____

Full Legal Name _____ Phone: _____
Last First MI

Name by which called _____ SS# _____ Sex _____ Race _____

Birth Date _____ City and State of birth _____

Mailing Address _____
Street or Box City State Zip

Father's Name _____ Check if deceased

Mailing Address _____
(If not the same) Street or Box City State Zip

Mother's Name _____ Check if deceased

Mailing Address _____
(If not the same) Street or Box City State Zip

Has applicant ever been a student in Crossroads Baptist Academy? YES NO If yes, state when _____

Names of immediate family members who have attended Crossroads Baptist Academy

Name - relationship Dates Attended

Name - relationship Dates Attended

How did you hear about our school? _____

Is student a Church Member? YES NO Specific Denomination _____

Give full name and address of the Church where membership is currently held.

Church Pastor

Street or Box City State Zip

Does student attend church regularly? YES NO Has student trusted Christ as Savior? YES NO

What form of Parental Discipline is used in your home?
 Verbal scolding Removing Privileges Corporal Punishment (Spanking)

If student is transferred from another Christian or private school, do you have an outstanding financial balance?
 YES NO

Educational Background

Has student ever been expelled, dropped or suspended by any school? YES NO

Has student ever failed a grade? YES NO If yes, state reason and year _____

Name and address of school student is now attending, or the last school in which student was enrolled:

Name of School

Street or Box

City

State

Zip

Reason for leaving the above mentioned school? _____

Has student ever had excessive absences in school? YES NO If yes, state reason and year: _____

Check the grade student expects to enter: K4 K5 1st 2nd 3rd 4th 5th 6th

*** PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT REPORT CARD. ***

Does student have any physical limitations which might require some adjustment to a normal student activity schedule?

YES NO If yes, please describe. _____

Is student presently regularly taking any medication prescribed by a physician? YES NO

If yes, please give medication and frequency. _____

For what condition? _____

Statement of Responsibility

“As to the best of our knowledge, this Pre-Application has been completed with all the information requested.”

Signature of Student (Grades 4 and Up only)

Date

Signature of Father

Date

Signature of Mother

Date

This Pre-Application is to be filled out completely prior to the interview with the administration.