

Applying for Admission

Early Childhood Program: Age 3–Kindergarten



North
Cross
School

Application Requirements

To be considered for admission, candidates need to complete and/or submit the following items:

- Application Form
- Application Fee, \$75 (*non-refundable*)
- Testing (*Call the Admission Office to schedule.*)
- Teacher Recommendation Form
- Original Birth Certificate (*NCS must document the number.*)

Applications are accepted throughout the year. Assessments will be scheduled once a completed application form and application fee have been submitted. Initial Admission Committee decisions are made in February and continue as space is available.

Notice of Nondiscrimination

North Cross School does not discriminate on the basis of race, color, religion, national or ethnic origin, or any other legally protected status in the administration of its educational, admission, financial aid or employment policies, or any other programs administered by the School.

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Early Childhood Program: Age 3–Kindergarten



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Applicant's Name _____
First Middle Last Preferred Name

Date of Birth _____ Female Male

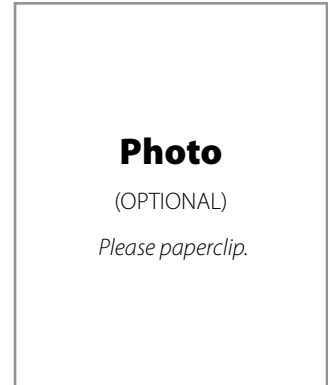
Application for ECP 1—3 Day ECP 1—5 Day For Academic Year _____
 ECP 2—1/2 Day ECP 2—All Day
 ECP 3—All Day

Home Address _____

City _____ State _____ Zip _____ Phone _____

Country of Citizenship _____ Language(s) spoken at home _____

Applicant previously applied to NCS? Yes No To enter what grade? _____



Family Information

Parent/Guardian:

Title First Middle Last

Preferred Name Relationship to Applicant

Home Address _____

City State Zip

Home Phone () _____

Cell Phone () _____

Preferred E-mail Address _____

Occupation _____

Company _____

Address _____

City, State, Zip _____

Business Phone _____

Parent/Guardian:

Title First Middle Last

Preferred Name Relationship to Applicant

Home Address _____

City State Zip

Home Phone () _____

Cell Phone () _____

Preferred E-mail Address _____

Occupation _____

Company _____

Address _____

City, State, Zip _____

Business Phone _____

Parents' marital status: Married Separated Divorced Widowed Single Other

With whom does the applicant live? _____ If divorced, who has legal custody? _____

Sibling _____ Age _____ Current School _____

Sibling _____ Age _____ Current School _____

Sibling _____ Age _____ Current School _____

Name(s) and relationship(s) of relatives who have attended North Cross School

Please complete information on the reverse side.

Guidance and Admission Data

Applicant's Current School _____ Current Grade _____

School Address _____ Phone Number (_____) _____

Principal/Head of School _____ Fax Number (_____) _____

Other schools applicant has attended (include grades completed) _____

What is the applicant's approximate academic grade average? (if applicable) _____

Dates and scores of most recent standardized testing (if applicable):

OLSAT Date _____ Scores _____ **PSAT** Date _____ Scores _____

ERB Date _____ Scores _____ **SAT** Date _____ Scores _____

SOL Date _____ Scores _____ **ACT** Date _____ Scores _____

OTHER Date _____ Test _____ Scores _____

Has applicant ever (if "Yes," please explain on line provided):

Yes No Been accelerated or retained in school? _____

Yes No Received formal academic assessments or accommodations? _____

Yes No Received disciplinary censure at school? _____

Yes No Been restricted from participating in any activity? _____

Additional Information

Honors/awards _____

Interests and extracurricular activities _____

Do you wish to receive information about North Cross School's Tailored Tuition program? Yes No

How did you first learn about North Cross School? _____

We attest that all of the information on this application is true and complete to the best of our knowledge.

Signature of Parent(s)/Guardian _____ Date _____

Signature of Parent(s)/Guardian _____ Date _____

Signature of Applicant (Gr. 6-12) _____ Date _____

Please return this application along with the non-refundable \$75 application fee. The completion of this application does not constitute admission; you will be contacted when an admission decision has been made.

Teacher Recommendation

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Student/Parent

Applicant's Name _____ Application for Grade _____

I authorize the following requested information to be released to North Cross School, and I agree that I will not seek access to this information before or after the admission decision is made.

Parent/Guardian Signature _____ Date _____

Teacher/School Director/Childcare Provider

The above-named student is applying for admission to North Cross School, an independent, coeducational, college-preparatory school offering instruction from age three through grade 12, for the upcoming academic year. Please complete and return this checklist after **January 1** of the current school year to help us assess this child's readiness for our program.

This form is confidential and will be used only for the admission process. It cannot be released and will not become part of the student's permanent record.

	Advanced for Age	Age Appropriate	Has some difficulty; inconsistent	Area of Concern
Social Skills				
Participates well in small group activities				
Participates well in large group activities				
Enters new activities enthusiastically				
Respects feelings and property of others				
Is confident with peer relationships				
Expresses himself/herself effectively				
Solves problems without verbal or physical aggression				
Interacts well with peers in unstructured play				
Makes the transition easily from one activity to another				
Is able to wait his/her turn				
Emotional Development				
Separates easily from parents				
Requires minimal reassurance or attention from teacher				
Appears relaxed and open with others				

Please complete information on the reverse side.

	Advanced for Age	Age Appropriate	Has some difficulty; inconsistent	Area of Concern
Emotional Development <i>(continued)</i>				
Is not overly fearful or anxious				
Stands up for his/her own rights				
Accepts limits imposed by adults				
Speaks or behaves with minimal impulsiveness				
Self-monitors behavior				
Educational Skills				
Follows directions				
Follows established classroom routines				
Attends to tasks				
Has appropriate listening skills				
Maintains attention in a group				
Uses classroom materials responsibly				
Overall Development				
Physical development				
Cognitive development				
Speech development				

How long have you known the child? _____ In what context? _____

Recommended grade placement for next year: _____

How do you consider the applicant's parents?

- Very cooperative No interaction
 Usually cooperative Other (Please explain) _____

How would you assess the parents' expectations of their child? Are they unrealistically high or unusually low? Do they tend to agree with your assessment of their child or not? Please elaborate.

Please add any additional information that may be helpful in our evaluation of this applicant. Please feel free to use a separate sheet of paper.

Thank you for your time and effort in evaluating this child.

Signature _____ Date _____

Printed Name _____ Phone _____ E-mail _____

School Name and Address _____

Please return this completed form directly to: Director of Admission, North Cross School, 4254 Colonial Avenue, Roanoke, VA, 24018, fax 540-989-8246, or e-mail dlake@northcross.org.