

# Applying for Admission

*Grades 7–12*



North  
Cross  
School

## Application Requirements

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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.*)
- Permission to Release Student Records & Transcripts Form (*Sign and give to the applicant's current school*)
- English Teacher Recommendation Form
- Math Teacher Recommendation Form
- Student Visit (*Call the Admission Office to schedule.*)

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

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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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# Applying for Admission

## Grades 7–12



North  
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Applicant's Name \_\_\_\_\_  
First Middle Last Preferred Name

Date of Birth \_\_\_\_\_  Female  Male

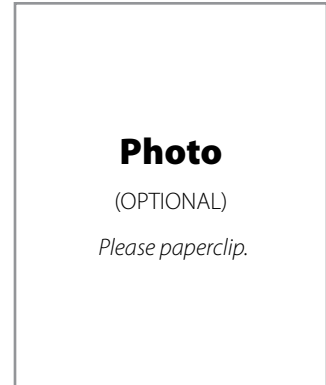
Application for Grade \_\_\_\_\_ For Academic Year \_\_\_\_\_

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

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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

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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.**

# Permission to Release Student Records and Transcripts



North  
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School

**Parent(s)/Guardian(s):** Please complete this form and submit it to the Guidance Counselor or the Head of your child's current school. The school should send the required materials directly to North Cross. All application materials must be on file in the Admission Office before a decision can be made.

I/We authorize the release of my/our child's academic record including grade reports, test data, disciplinary records, individualized education plan, and recommendations as requested by North Cross School. I/We hereby authorize North Cross School to contact schools and other sources to obtain information to support this application, and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to North Cross School for that purpose. If admission is offered by North Cross, I/we authorize the full release of the student record file, including health records and birth certificate verification details.

Student Name \_\_\_\_\_

Applicant to Grade \_\_\_\_\_ For Academic Year \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**School:** Please return a copy of this form with the following documentation directly to North Cross School for evaluation of the student's application. If an item does not relate to this applicant, please check "Not applicable." Upon enrollment, North Cross School will request the students' complete school record.

- |  |                                   |   |
|--|-----------------------------------|---|
| • Current report card and last year's end-of-year reports  | <input type="checkbox"/> Included | <input type="checkbox"/> Not applicable |
| • Recent standardized test reports with dates and scores   | <input type="checkbox"/> Included | <input type="checkbox"/> Not applicable |
| • Additional educational assessments or plans (including intelligence, aptitude, and interest test scores) | <input type="checkbox"/> Included | <input type="checkbox"/> Not applicable |
| • Discipline records   | <input type="checkbox"/> Included | <input type="checkbox"/> Not applicable |
| • Attendance records   | <input type="checkbox"/> Included | <input type="checkbox"/> Not applicable |
| • Other _____  |                                   |   |

Please mail, fax, or email documentation directly to:

North Cross School  
Attention: Director of Admission  
4254 Colonial Avenue  
Roanoke, VA 24018  
Fax: (540) 989-8246  
Email: [dlake@northcross.org](mailto:dlake@northcross.org)

Name of Headmaster/Principal \_\_\_\_\_ School \_\_\_\_\_

Phone (       ) \_\_\_\_\_ E-mail \_\_\_\_\_

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# English Teacher Recommendation

## Grades 7–12



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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

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 form to help us assess this student'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.

	Outstanding	Commendable	Average	Area of Concern
Integrity				
Conduct				
Effort				
Initiative and drive				
Relationships with peers				
Emotional stability				
Attention span				
Relationships with adults				
Ability to work in a group				
Independent work/study habits				
Oral communication				

Has the applicant ever been recommended for any of the following special programs?

- Gifted                       Vision impaired  
 Speech                       Hearing impaired  
 Learning disabled

Is there an active, written plan for this student?

- Yes                       No

Please complete information on the reverse side.

How do you consider the applicant's parents?

- Very cooperative       No interaction
- Usually cooperative       Other (Please explain) \_\_\_\_\_

How long have you known the applicant? In what context (teacher, coach, outside of school, etc.)?

Describe the current class the applicant is taking. Please indicate level (accelerated, honors, standard, etc.). What books are required?

Please evaluate the applicant's performance in the following areas:

	<b>Outstanding</b>	<b>Commendable</b>	<b>Average</b>	<b>Area of Concern</b>
Abstract concepts				
Analytical thinking				
Vocabulary				
Reading				
Writing				
Literary themes				

Please compare this applicant's overall performance in relation to his/her ability.

What do you perceive to be this applicant's greatest strengths (academic and personal)? Weaknesses?

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 and assisting both the applicant and North Cross School.

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](mailto:dlake@northcross.org).**



# Math Teacher Recommendation

## Grades 7–12



North  
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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

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 form to help us assess this student'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.

	Outstanding	Commendable	Average	Area of Concern
Integrity				
Conduct				
Effort				
Initiative and drive				
Relationships with peers				
Emotional stability				
Attention span				
Relationships with adults				
Ability to work in a group				
Independent work/study habits				
Oral communication				

Has the applicant ever been recommended for any of the following special programs?

- Gifted                       Vision impaired  
 Speech                       Hearing impaired  
 Learning disabled

Is there an active, written plan for this student?

- Yes                       No

How do you consider the applicant's parents?

- Very cooperative                       No interaction  
 Usually cooperative                       Other (Please explain) \_\_\_\_\_

*Please complete information on the reverse side.*

How long have you known the applicant? In what context (teacher, coach, outside of school, etc.)?

Describe the current class the applicant is taking. Please indicate level (accelerated, honors, standard, etc.). What books are required?

Please evaluate the applicant's performance in the following areas:

	<b>Outstanding</b>	<b>Commendable</b>	<b>Average</b>	<b>Area of Concern</b>
Knowledge of basic skills				
Accuracy in the use of basic skills				
Problem solving				
Abstract concepts				
Analytical thinking				

Please compare this applicant's overall performance in relation to his/her ability.

What do you perceive to be this applicant's greatest strengths (academic and personal)? Weaknesses?

By the end of this school year, what will the applicant have completed? What textbook was used?

- |   |   |
|---|---|
| <input type="checkbox"/> Math with very little algebra                  | <input type="checkbox"/> Math with approximately 1/2 year algebra |
| <input type="checkbox"/> A full-year beginner algebra course            | <input type="checkbox"/> A full-year plane geometry               |
| <input type="checkbox"/> including quadratics solved by factoring       |   |
| <input type="checkbox"/> including quadratics solved by formula         |   |
| <input type="checkbox"/> A full-year second-year algebra course         | <input type="checkbox"/> Other (please specify): _____            |
| <input type="checkbox"/> including trigonometry                         | _____   |
| <input type="checkbox"/> including logarithms and exponential functions | _____   |

What is your recommendation for the applicant's next math course? \_\_\_\_\_

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 and assisting both the applicant and North Cross School.

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](mailto:dlake@northcross.org).**

# Applicant Questionnaire

Grades 7–12



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**Please complete in your own handwriting.**

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Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Which academic subjects interest you the most? \_\_\_\_\_

Do you play a musical instrument?  Yes  No

If yes, what instrument(s) do you play? \_\_\_\_\_

Underline the sports in which you participate. Circle those you might be interested in playing.

Baseball Basketball Cross Country Field Hockey Football Golf Lacrosse Soccer Swimming Tennis  
Volleyball Wrestling Other \_\_\_\_\_

What are your greatest strengths? How do you demonstrate them?

What are your greatest weaknesses? How do you address them?

At North Cross school, we appreciate the diversity of backgrounds, talents, and interests of each student. Please tell us about your interests and extracurricular activities and how you would contribute to the school community beyond the classroom.

*Please complete information on the reverse side.*

Name one book you have read for pleasure (i.e., not as an assignment) in the past year. What was the story or subject? What did you enjoy or dislike about it?

Describe your favorite teacher. Why has this person made such a strong impression on you?

What do you like about your current school? If there was one thing you could change, what would it be?

Why would you like to attend North Cross School?

Use this space to provide any additional comments that will help us get to know you better.

*Thank you for your candor. Your responses will give us the opportunity to know you better.*

Signature \_\_\_\_\_ Date \_\_\_\_\_