

Applying for Admission

Grades 1–5



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

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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Grades 1–5



North
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School

Applicant's Name _____
First Middle Last Preferred Name

Date of Birth _____ Female Male

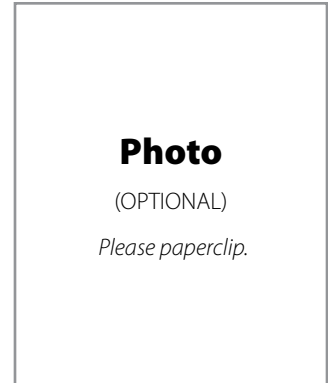
Application for Grade _____ For Academic Year _____

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

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? _____

Yes No Been diagnosed with dyslexia, dysgraphia or disorder of written expression? For more information about the CrossWalk Program, please visit www.northcross.org/crosswalk.html

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 _____

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

Grades 1–5



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School

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 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.

	Exceeds Grade Level/Age Expectations	At Grade Level/Age Expectations	Below Grade Level/Age Expectations	Area of Concern
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Enthusiasm for learning				
Independent work/study habits				
Reaction to criticism				
Respect for others				
Attitude and cooperation				
Fine motor development				
Listening skills				
Reading (comprehension, for pleasure)				
Writing (mechanics, spelling)				
Speaking (fluency, clarity)				
Math (computation, problem-solving, spatial sense)				
Conduct and integrity				
Maturity and stability				
Overall academic ability				

Please complete information on the reverse side.

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

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 comment on the applicant's learning style (auditory processing, visual processing, memory, application of learned skills, distractibility, working pace).

Is the applicant's record at your school a true index of ability, or have extraneous circumstances interfered with academic achievement? Please elaborate.

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: David Lake, Director of Admission, North Cross School, 4254 Colonial Ave., Roanoke, VA, 24018, fax 540-989-8246, or e-mail dlake@northcross.org.

Permission to Release Student Records and Transcripts



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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

Name of Headmaster/Principal _____ School _____

Phone () _____ E-mail _____

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