



CROSBY INTERNATIONAL ACADEMY ENROLLMENT FORMS





Crosby International Academy

Dear Parents,

Thank you so much for your interest in Crosby International Academy. Here at CIA, our goal is a superior education in an atmosphere that honors Christ.

Our Mission is to Grow God's Kingdom by building academically excellent students that are fully equipped for any good work.

Our teachers are dedicated Christian servants who look upon their responsibilities as a ministry rather than a mere job. They will challenge your children to grow academically and spiritually by example and in teaching.

Our programs are designed to shape students that are well-rounded, aware of the world they live in, and firm in their faith.

Since 2011 CIA has maintained high academic and moral standards while building community through our families. Our goal is not to be the largest Christian school, but to be the best, to bring honor and glory to our Lord. Please consider joining us as we strive to achieve these goals.

Sincerely,

Trey Ellison

Mr. Trey Ellison
Administrator



Student Enrollment Check List

- _____ Student Information Form
- _____ Parent/Guardian Information Form
- _____ Student Profile
- _____ Student Medical Information Form & Consent
- _____ Medical Care Contact Information & Consent
- _____ Non Removal Information
- _____ Immunization Records Acknowledgement
- _____ Copy of Immunization Records
- _____ Medical Treatment Consent Form
- _____ Family Enrollment Agreement Form
- _____ Permission Agreements
- _____ Transportation & Field Trip Release From
- _____ Acceptable Use Policy & Internet Safety Agreement
- _____ Copy of Custody Agreement (if applicable)



**Crosby International Academy
Private School**

ENROLLMENT FORM

Office Use Only Date Rec'd _____ Book Fee Paid _____ Tuition Paid _____ Entry Date _____

STUDENT INFORMATION

Name: _____
Last First MI

Date of Birth: _____ Grade Applying For: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____ Home E-Mail: _____

Cell Phone (Mom) _____ Cell Phone (Dad) _____

Student Lives With:
 Both Parents
 Mother
 Father
 Guardian: _____

TUITION & BOOK FEE

K-8th Grade Tuition
\$500.00 per month

Payments
Tuition is due on the 1st of each month

K-8th Grade Curriculum Fee
\$250.00 Paid Annually

IMPORTANT NOTE:
The Non-Refundable Curriculum Fee of \$250.00 must accompany this Application.



PARENT/GUARDIAN INFORMATION

Name: _____ Father Stepfather Grandfather Guardian

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Business Phone: _____

Name: _____ Mother Stepmother Grandmother Guardian

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Business Phone: _____

Name of Family Church: _____

Address: _____

Pastor's Name: _____ Phone Number: _____

Does your family attend the church listed above on a regular basis? Yes No

FAMILY INFORMATION

Name of Siblings	Age	Grade	School Attending

STUDENT PROFILE

List schools student has attended in the past:

School Name	Grade Attended	Dates Attended



STUDENT PROFILE (continued)

Answer Yes or No to the following questions: (please comment)

- | | | |
|---|------------------------------|-----------------------------|
| Has student repeated a grade? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Received Tutoring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a special learning program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a talented or gifted program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Received special honors and/or awards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced learning difficulties in Reading? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced learning difficulties in Math? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced discipline problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever been suspended or expelled from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please comment about any of your "Yes" responses: _____

Does your student have any physical disabilities? Yes No

If yes, please explain: _____

Describe your student's Educational Maturity: _____

Describe your student's Social Maturity and Personality: _____



STUDENT PROFILE (continued)

Physical Health (including any allergies and/or restrictions): _____

Any needs or concerns CIA should know about: _____

Primary language spoken at home: _____

Other languages student speaks: _____

List your child's interests and extra-curricular activities outside of school
(Please include any awards): _____

What are your child's academic strengths? _____

Is your child on any special medications? (Please list medications and reasons needed):



STUDENT MEDICAL INFORMATION

Special Medical Conditions:

Please list any allergies (food, pollens, medications, etc.): _____

Please list any medical conditions your student has (asthma, diabetes, epilepsy, ADD, ADHD, etc.): _____

Please list any eye conditions (near-sighted, far-sighted, contacts, glasses, etc.): _____

Any other helpful information: _____

My child may be given the following, if needed, as school:

Non-aspirin Acetaminophen

Ibuprofen

Cough drops

Other _____

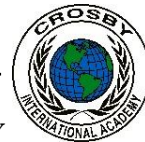
Parent/Guardian Signature _____

Phone _____

Student's Health Insurance Company _____

Address _____

Phone _____



MEDICAL CARE CONTACT INFORMATION

Doctor _____ Phone _____
Address _____

Hospital _____ Phone _____
Address _____

Is there any other information that you would like the staff to know regarding medical conditions your child may have? _____

The above information provided by:

Parent/Guardian Signature

Date

THE FOLLOWING PERSON(S) MAY NOT REMOVE MY CHILD FROM CIA

Please check if not applicable

Name _____ Name _____

Name _____ Name _____

IMMUNIZATION RECORDS

Effective January 1, 1992 all Texas schools, public and private, are under Mandatory rule to have documented proof of immunizations on file with the school the student is attending. Your child will NOT be enrolled and permitted to begin classes until we receive the required documentation. We will gladly make copies of records from your originals.

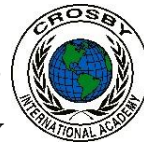
By your signature below, you agree to provide the required immunization records or a Request for Exemption to Immunization Form (or laboratory proof of immunity).

Parent/Guardian Signature

Date

Crosby International Academy

Preparing Students Academically, Socially, and Spiritually



MEDICAL TREATMENT CONSENT FORM

Be it known that I/we, the undersigned parents/guardians, do hereby give and grant to any medical doctor or hospital, my/our consent and authorization to render such aid, treatment or care to our child, that in the judgment of said doctor or hospital, as may be required, on an emergency basis, in the event the child should be injured or stricken ill while participating in an activity sponsored or sanctioned by CIA.

It is understood that the consent and authorization hereby given and granted will continue to extend for as long as the child is enrolled.

It is further understood that any expenses incurred will be paid for by the insurance of the parent/guardian of the child. Payment of the expense shall in NO case be the responsibility of CIA.

In case of emergency and I cannot be contacted, I hereby authorize the following person(s) to pick up my child:

Name_____

Name_____

Address_____

Address_____

Phone_____

Phone_____

Parent/Guardian Signature_____Date_____



FAMILY ENROLLMENT AGREEMENT

We as a family will ...

1. Support the goals, purposes, and objectives of Crosby International Academy as stated in this information packet and in the Parent/Student Handbook to the best of our abilities.
2. Understand that Bible study, a weekly chapel service, memorizing parts of the Bible, and a Christian environment are each an integral part of CIA.
3. Understand that all new students are on a 30-day probationary period to determine if Crosby International Academy fits the needs of your child.
4. Agree as a condition of enrollment to pay the tuition and fees. We understand these are due and payable in order for our child(ren) to remain enrolled in CIA. We understand that if the balance is delinquent in excess of 30 days, and an acceptable alternative has not been approved by the school administration, our child(ren) will not be permitted to return to CIA until all delinquent obligations are paid in full. Records and report cards will not be released unless a child's balance is paid in full. We understand that registration fees and book fees are non-refundable and non-transferable.
5. By signing you have agreed to all policy procedures as outlined in the Student Handbook.

Student's Printed Name _____

Student's Signature _____ Date _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____



**PERMISSION AGREEMENT
(ALL STUDENTS)**

1. Emergency Agreement

I/we grant permission for authorized school personnel to take whatever steps are necessary to obtain medical care, if warranted. These steps may include, but are not limited to:

- a. Attempt to contact child's parent(s) and/or guardian(s)
- b. Attempt to contact child's physician
- c. Attempt to contact parent(s) and/or guardian(s) through any of the persons listed on the Emergency Medical Form that was completed at the time of enrollment.
- d. If CIA cannot contact any of these people or the child's physician, the school may do any of the following: (1) call another physician; (2) call an ambulance; (3) have the child taken to an emergency hospital, and/or call 911.
- e. Expenses may not be covered by CIA and some costs may be incurred by the family. Your insurance company name, address and phone number must be listed in the Student Medical Information
- f. CIA will not be responsible for anything that may happen as a result of false information given at the time of enrollment or if you do not keep the school updated on any changes.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

2. Media Agreement

I grant permission for my child to be included in any photos CIA may use for school newsletters, news articles, yearbooks, promotions, school websites, etc.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

3. School Directory Agreement

I grant permission for my child's name, address, phone number and email address to be included in the Parent Directory that will be given to class members.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



**CROSBY INTERNATIONAL ACADEMY
TRANSPORTATION AND FIELD TRIP RELEASE FORM**

Transportation Agreement

I give permission for the staff of Crosby International Academy to transport my student as need for school functions, before and after school care, or any other time required by the school.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Field Trip Agreement

I grant permission for my student to attend all school field trips with CIA.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

I prefer to approve school trips on an individual basis and would like a permission slip sent home per field trip.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



**CROSBY INTERNATIONAL ACADEMY
CHAPERON INFORMATION/RELEASE FORM**

Chaperon Name _____
Driver's License Number _____ State _____
Expiration Date _____
Automobile Insurance Company Name _____
Policy Expiration Date _____

Field Trip Chaperon/Driver Information

1. Students assigned to you are your responsibility.
2. Students should be respectful and obedient at all times.
3. Please contact teacher if there are any issues that are of a discipline nature.
4. Student safety is crucial. The bathroom buddy system is required if an adult is unable to accompany a student to the restroom.
5. Students may NOT change vehicles without prior approval from the teacher in charge.
6. Please do not take any side trips or divert from the original route. Please follow the established itinerary.
7. Advise students of your personal care rules and expectations regarding food, drinks and voice tone and level expected as a passenger in your vehicle.
8. **Please do not use a cell phone while driving or supervising students.**

Volunteer Driver Release

As a volunteer driver for CIA, and using my own personal vehicle to transport students, I attest that I have a good driving record, that my vehicle is in good repair and that I carry and maintain adequate insurance coverage as required by the State of Texas of every driver owning and operating a motor vehicle.

Further, as a volunteer driver for CIA, I hereby recognize and acknowledge that I am fully and solely responsible for the safety, care and well-being of any and all CIA students riding in my vehicle. In the event of an accident or mishap of any type whatsoever involving my vehicle and CIA students, I assume the primary position for any and all liability, medical and/or damage claims that might arise.

By signing below I acknowledge that I have read the above statement and my intent is to comply with all terms and conditions as set forth above.

Parent/Guardian Signature Date

Please attach a current copy of your license and your auto insurance card.



Crosby International Academy

Preparing Students Academically, Socially, and Spiritually

Crosby International Academy Acceptable Use Policy and Internet Safety Agreement

We are pleased to offer the CIA student's access to the World Wide Web. We believe that the advantages afforded by the rich, digital resources available today outweigh any disadvantage. The school network and Internet connection have been developed as tools to promote educational excellence and innovation for students and staff. Due to the nature of the Internet, there is information available on the Internet which is inappropriate for school use. It is the school's intent to protect students and staff from inappropriate information by:

- ❖ Providing a filtering system that is updated regularly.
- ❖ Monitoring student and staff Internet use.
- ❖ Directing each user to accept personal responsibility for managing the resources appropriately.

The following provisions specify the expectations for all users of CIA network. No user is authorized to access the school's network until the Acceptable Use Policy is signed by all required persons.

BASIC TERMS OF USE

Personal Responsibility: I accept personal responsibility for my use of the CIA network. I understand that all school rules of conduct apply when I am on the school's network or connected to the Internet. I also accept personal responsibility for reporting any misuse of the network to an appropriate school staff member.

Acceptable Use: I understand my use of CIA network is to be limited to educational activities & research, and it will support the educational goals and objectives of CIA. In addition, I will follow these guidelines:

- a) I will not transmit or copy any material in violation of the law, including copyrighted, threatening or obscene material.
- b) I will not use the network for personal activities such as MySpace, IM, YouTube, gaming, blogging, personal emails, and/or any other similar sites.
- c) I will not send chain letters, annoying or unnecessary messages.
- d) I will be polite, never send or encourage others to send abusive messages.
- e) I will use appropriate language, never swear, use suggestive, threatening, obscene or other offensive language.



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Network Behavior and Privacy: I understand and will follow the generally accepted rules of network behavior.

- a) Privacy: Never reveal any person's home address, phone number or other important personal information including passwords. Never jeopardize the security of another student or impersonate another user.
- b) Disruptions: Do not use the network in any way that would disrupt others.
- c) Harassment: Never send messages, images, or other files or links to harass another person or organization. Do not hack or upload harmful programming of any kind.
- d) Server Etiquette: Never access or delete another student's file without permission.

I have read and agree to abide by the Acceptable Use Agreement. I understand that any violation of this agreement may result in the loss of computer privileges.

User/Student Name _____ Grade _____

User/Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I do not wish for my child to have access to the Internet.

User/Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____