

APPLYING FOR:

Elementary  
K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>  
4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

High School  
7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup>  
10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

APPLICATION  
FOR  
ADMISSION  
PARENT QUESTIONNAIRE

All information must be provided for  
this application to be processed.

OFFICE USE

Date Received - \_\_\_\_\_  
Application Fee \$ \_\_\_\_\_ Ck# \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_ Ck# \_\_\_\_\_  
Cash \_\_\_\_\_ Date \_\_\_\_\_  
Interview: \_\_\_\_\_

REQUIRED DOCUMENTATION TO PROCESS APPLICATION

Please attach copies of the following information with this application. Your application cannot be processed until all information is submitted with the application fee.

1. Application Fee
2. Certified copy of birth certificate
3. Immunization records
4. Most recent achievement test results
5. Copy of most recent report card,
6. For students entering 10<sup>th</sup>-12<sup>th</sup> grade, please attach a copy of a report card from each high school year.

STUDENT

Date of Application \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_

Address \_\_\_\_\_  
First Middle Last City State Zip

Age as of Sept. 1<sup>st</sup> \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Who does the student reside with? Mother Father Step-Mother Step-Father Grandparents Other

*Please include contact information for all guardians.*

FAMILY

1.  Natural Father  Father  Other \_\_\_\_\_

Name \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Pick-Up Allowed? ( ) Yes ( ) No

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Church # \_\_\_\_\_ Attend Regularly? ( ) Yes ( ) No

2.  Natural Mother  Mother  Other \_\_\_\_\_

Name \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Pick-Up Allowed? ( ) Yes ( ) No

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Church # \_\_\_\_\_ Attend Regularly? ( ) Yes ( ) No

3. Do you have any other children enrolled at CLCS? \_\_\_\_\_ List names and grades \_\_\_\_\_

4. Who has legal custody of the child for whom application is made? \_\_\_\_\_

**A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.**

5. Name of person responsible for tuition and fees: \_\_\_\_\_

# STUDENT QUESTIONNAIRE

This page should be filled out by all students entering the 6<sup>th</sup>-12<sup>th</sup> grades.  
The information should be hand written in blue or black ink.

1. Do you consider yourself a dedicated student regarding homework and study habits? \_\_\_\_\_ Briefly explain your answer.

---

---

---

2. Describe your hobbies & extra-curricular activities. \_\_\_\_\_

---

---

3. Briefly tell us about any jobs you do in or outside of the family. \_\_\_\_\_

---

4. Salvation Experience: Relate briefly your salvation experience. You may use scripture. \_\_\_\_\_

---

---

---

5. Christian walk: What in your life indicates that you are walking with the Lord? \_\_\_\_\_

---

---

---

6. Please state why you wish to attend CLCS (to be completed by new student in 7th - 12th grade in their own handwriting).

---

---

---

## STATEMENT OF FAITH

We believe the Bible, both the Old and the New Testaments, is verbally inspired by God and inerrant in the original writing and is God's final word to humanity for faith and practice.

We believe in one eternal and holy God who exists as three persons -- God the Father, Jesus Christ the Son, and the Holy Spirit.

We believe in the creation of the world by God in six literal days by the word of His mouth.

We believe that man was created in the image of God. However, because man disobeyed God, all men are born with a sinful nature which alienates them from God and condemns them to eternal death.

We believe God sent His Son, Jesus Christ, to be born of a virgin, to live a sinless life, to die a cruel death as a sacrifice for the sins of all mankind, and to have victory over death, and that He now lives in Heaven interceding for believers.

We believe that all who place their trust in Christ are justified in the eyes of God by the blood of Jesus as the only payment for their sins. Acceptance of His gift of salvation is the only basis for a personal relationship with God and salvation from eternal death.

We believe God sends His Holy Spirit at salvation to live within each who accepts Christ as his Savior, to convict of sin and to guide him in accordance with His Word.

We believe in the imminent return of our Lord and Savior, Jesus Christ.

We believe in the bodily resurrection of the just and the unjust -- the just to eternal blessing with the Lord and the unjust to everlasting punishment.

**Due to the limited scope of our school ministry to meet the needs of young people with serious behavioral needs, Cross Lanes Christian School has established a zero tolerance policy for specific behaviors. All students must abstain from involvement with tobacco, drugs, alcohol, sexual immorality and profane language both on and off the school campus. In addition, we request that students submit to the authority of their parents, teachers, and school officials as given to them by the Lord. This is a committed lifestyle, not just during school hours, but each day of the year. Violations are considered as breaking a firm commitment that each student makes when voluntarily choosing to attend CLCS. Students will be expected to exert a positive influence in their social relationships and participate in the daily activities of school as a responsible member of the CLCS student body.**

**EDUCATIONAL BACKGROUND**

List below all schools your child has attended (include home schooling).

Name of School	Address (Street, City, State, Zip)	Enrollment Dates (Month of Year)	Grade
----------------	------------------------------------	----------------------------------	-------

**Reason for leaving last school.**

**Has any grade been repeated? \_\_\_\_\_ If yes, list: \_\_\_\_\_**

**Reason \_\_\_\_\_**

**Has applicant had any discipline problems or been suspended or expelled? \_\_\_\_\_**

**If yes, explain: \_\_\_\_\_**

**Has applicant ever been arrested? \_\_\_\_\_**

**If yes, explain: \_\_\_\_\_**

**Does applicant have any physical, emotional, or mental problems or handicaps that may affect activities or progress? \_\_\_\_\_**

**If yes, please explain: \_\_\_\_\_**

**Has applicant ever taken any type of psychiatric, psychological or educational testing other than the regularly administered school achievement tests? \_\_\_\_\_ If yes, explain: \_\_\_\_\_**

**Has applicant ever been seen by a psychologist or psychiatrist? \_\_\_\_\_ If yes, explain: \_\_\_\_\_**

**Has applicant ever been enrolled in Behavior Modification program in a public or private school ? \_\_\_\_\_**

**Has applicant been diagnosed as being A.D.D. or A. D. H. D.?**

**Has applicant ever received any tutoring or therapy? \_\_\_\_\_ Explain: \_\_\_\_\_**

**We heard about this school by: ( ) Friend ( ) Radio ( ) Newspaper ( ) Other \_\_\_\_\_**

**Please state clearly why you wish to send your child to Cross Lanes Christian School \_\_\_\_\_**

**Parent(s) Personal Testimony: Please briefly describe your salvation and personal relationship with the Lord.**

# Cross Lanes Christian School

## Policy Information

Please carefully read the following information.

### APPLICATION POLICY

- The application must be complete in order to be submitted.
- Notification of status for the next school year will be made after March 12th.

### ACCEPTANCE POLICY

- CLCS reserves the right to accept or deny admission based on the information provided in the completed application packet.
- Notification of acceptance is usually made 7-10 working days after application process is complete.
- Required paperwork and medical forms (current school physical & immunization record) must be on file before the student will be admitted to class.

**I have read the above policies and agree to abide by these policies and the policies outlined in the Parent / Student Handbook of Cross Lanes Christian School.**

\_\_\_\_\_  
**Parent / Legal Guardian Signature      Date**

### TESTING POLICY

- Test dates will be scheduled according to availability.
- An entrance/readiness test may be required for grades K5 - 12<sup>th</sup>.
- The Stanford Achievement Test is used at CLCS.

### FINANCIAL POLICY

- All families are expected to abide by the financial policies detailed in the Parent/Student Handbook.
- **Application and Reservation fees are non-refundable**

***How Did You Hear About Our School?***

<input type="checkbox"/> <i>Sibling @ School</i>	<input type="checkbox"/> <i>Friend</i>
<input type="checkbox"/> <i>CLCS website</i>	<input type="checkbox"/> <i>School Family</i>
<input type="checkbox"/> <i>Other Website</i>	<input type="checkbox"/> <i>Radio</i>
<input type="checkbox"/> <i>Newspaper</i>	<input type="checkbox"/> <i>Phone Book</i>
<input type="checkbox"/> <i>Flyers</i>	<input type="checkbox"/> <i>Bill Board</i>
<input type="checkbox"/> <i>Other</i> _____	

Required Documentation from Applicant for Enrollment	**** ADMISSIONS CHECKLIST **** For Office Use ONLY
<p><b>Step 1 – Application</b></p> <p>____ Application</p> <p>____ Application Fee</p> <p>____ Statement of Cooperation</p> <p>____ Pastor Recommendation</p> <p>____ Records from Prior School</p> <p style="padding-left: 20px;">__ copy of latest report card</p> <p style="padding-left: 20px;">__ students entering 10<sup>th</sup>-12<sup>th</sup> grade</p> <p style="padding-left: 40px;">attach a copy of each high school year</p> <p>____ Certified Copy of Birth Certificate</p> <p>____ Immunization Records</p> <p>____ Medical Release / Health Emergency Contact Information Form</p> <p>____ Family Information Sheet</p> <p>____ Transportation Form (if applicable)</p> <p>____ In-Lieu of Transportation (if applicable)</p>	<p style="text-align: center;"><b>Step 2 - Testing</b></p> <p style="text-align: center;">Testing Date/Time _____</p> <p style="text-align: center;">Waived <input type="checkbox"/> _____</p> <p style="text-align: center;"><b>Step 3 - Interview</b></p> <p style="text-align: center;">Date/ Time: _____</p>

Step 3 - Evaluation      \_\_\_\_\_ Application Accepted      \_\_\_\_\_ Application Not Accepted

Conditions: \_\_\_\_\_

*Cross Lanes Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational policies, admission policies, scholarships, athletic and other administrative programs.*

# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313 (304) 776-5020 FAX: (304) 776-5074

A Ministry of Cross Lanes Bible Church

## Student Emergency Health Information for School Year \_\_\_\_\_

### MEDICAL RELEASE

### THIS FORM MUST BE NOTARIZED

To: Emergency Personnel

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child(ren),

\_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports and all extra-curricular activities, and school-related activities including recess, field trips, or other school-sponsored trips away from the school premises. I waive, release, absolve, and hold blameless Cross Lanes Bible Church and Cross Lanes Christian School and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child.

I authorize the personnel at Cross Lanes Christian School to administer first aid to my child in the event of their involvement in an accident, injury or sickness.

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ A  
Grade Entering \_\_\_\_\_

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ B  
Grade Entering \_\_\_\_\_

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ C  
Grade Entering \_\_\_\_\_

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ D  
Grade Entering \_\_\_\_\_

State of West Virginia

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me  
Came \_\_\_\_\_, to  
me known to be the individual described in and who executed the same.

NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DRIVERS LICENSE#

My Commission Expires: \_\_\_\_\_

### CONTACT INFORMATION

Please mark check box  beside each phone number below you DO NOT wish to be on our School/Cast Emergency Alert System.

Custodial Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Home#: \_\_\_\_\_  Work#: \_\_\_\_\_  Cell#: \_\_\_\_\_  Other # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Home#: \_\_\_\_\_  Work#: \_\_\_\_\_  Cell#: \_\_\_\_\_  Other # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Names and Grades for Brothers and Sisters \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY INFORMATION:

Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Name and Number of Medical Insurance \_\_\_\_\_

**PICK-UP/ EMERGENCY LIST:** Please list the people who may be contacted in the event a parent cannot be located. Only those listed below will be permitted to pick up your child in case of illness or emergency. **It is the sole responsibility of the parent / legal guardian to notify the school of any changes to this list.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

2014\_01\_15

S  
T  
U  
D  
E  
N  
T  
  
E  
M  
E  
R  
G  
E  
N  
C  
Y  
  
C  
O  
N  
T  
A  
C  
T  
  
I  
N  
F  
O  
R  
M  
A  
T  
I  
O  
N  
&  
M  
E  
D  
I  
C  
A  
L  
  
R  
E  
L  
E  
A  
S  
E

# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313 (304) 776-5020 FAX: (304) 776-5074

A Ministry of Cross Lanes Bible Church

## Student Emergency Health Information For School Year

### MEDICAL HISTORY

*Note below if Health Information is for A, B, C, D student from OTHER SIDE OF FORM **OR** request additional forms for each student.*

Date of last Tetanus (lockjaw) shot: \_\_\_\_\_

Previous hospitalization? ( ) No ( ) Yes- If yes, why? \_\_\_\_\_

Is the child under the care of a doctor? ( ) No ( ) Yes -If yes, for what reason? \_\_\_\_\_

Current Health Issues: (Such as diabetes, seizures, asthma ,etc.) \_\_\_\_\_

Any history of convulsions? ( ) No ( ) Yes- If yes, please describe \_\_\_\_\_

Are there any special instructions that we should know about? ( ) No ( ) Yes- If yes, please list \_\_\_\_\_

Explain \_\_\_\_\_

Health History: (Include past surgeries, serious illnesses, head injuries, etc.) \_\_\_\_\_

Medications: AT HOME \_\_\_\_\_

AT SCHOOL \_\_\_\_\_

**NOTICE:** No medication will be dispensed without a completed "Medication Administration Form" (i.e. Tylenol, Motrin, etc)

Allergies: (Including those to insects, food, medications, environmental, etc.) \_\_\_\_\_

Reaction? \_\_\_\_\_ EpiPen? Yes \_\_\_\_\_ No \_\_\_\_\_

Restrictions: Describe any necessary restrictions or limitations: \_\_\_\_\_

Vision: Does your child wear: glasses? \_\_\_\_\_ contacts? \_\_\_\_\_ Describe any eye/vision problems: \_\_\_\_\_

Eye Doctor (if student has one) \_\_\_\_\_ Phone # \_\_\_\_\_

Hearing: Describe any hearing problems: \_\_\_\_\_

Ear Doctor (if student has one) \_\_\_\_\_ Phone # \_\_\_\_\_

Signing below gives Cross Lanes Christian School permission to share the above information with the school health nurse, other school personnel, or emergency medical services on a "need to know" basis.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM

2014\_01\_15

Student Medical History

# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313 (304) 776-5020 FAX: (304) 776-5074

A Ministry of Cross Lanes Bible Church

## Statement of Cooperation For School Year \_

Parent / Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

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

1. I understand that, as parent or guardian, I am ultimately responsible before God for the kind of education provided for my Child(ren). Yet another may be authorized to help me carry out that task. I understand that the ministry of Cross Lanes Christian School is agreeing to aid in that task of education by accepting my child(ren) for enrollment. I understand that attendance at CLCS is a privilege and not a right. I do commit myself to being active in the process of education for my child(ren) and will show great interest and involvement in the life of my child(ren) during this period of enrollment. I will be faithful to this task.
2. I will cooperate fully with the school in its endeavor to maintain a quality spiritual and academic environment for my child. I promise to attend all meetings which the school deems necessary for the betterment of my child and the educational process.
3. I understand that CLCS is a ministry of Cross Lanes Bible Church and operates under the statement of faith adopted by that ministry. I have read the statement of faith and understand that this statement of faith will be taught exclusively and without apology. Furthermore, I understand that opinions opposed to this statement of faith may not be publicly expressed in the school setting.
4. I understand that a student or parent who displays a negative, uncooperative spirit, becomes verbally or physically abusive, or threatens a faculty or staff member, may be asked to withdraw from CLCS.
5. I understand that any student who is found to be out of harmony with the academic, spiritual, or general conduct of the school may be invited to withdraw. I have read and understand the Parent/Student Handbook requirements and will, to the best of my ability, abide and support these rules and regulations with a Christian attitude while enrolled at CLCS.
6. The undersigned hereby consent to the use of my name, likeness, picture, photograph or quotation in all forms and manner by Cross Lanes Christian School for educational, instructional, advertising, or promotional purposes (including yearbooks, brochures and/or web pages, whether in printed or electronic form) without consideration to the undersigned, and I hereby waive any right to inspect or approve the final version or any copy that might be used in connection therewith.
7. I agree to the financial policies of CLCS and I understand that payments for tuition and fees will be made by the first of each month and if late, my account will be billed a late charge of \$20. If my payment is past due for more than 45 calendar days my child may be withdrawn from school until my account is made current.
8. My child is permitted to take part in all school activities, including but not limited to sports, and school-sponsored field trips. I absolve the school and church from liability to me or my child in case of accident or injury to my child while on campus or during any school-sponsored outing.
9. As parents, we agree, in accordance with the principle of Matthew 18:15-17 to bring any and all questions and criticisms to the person most directly involved. If we have a question about a specific classroom action or procedure, we will contact the appropriate teacher. If satisfactory conclusion is not reached, we will then contact the Administrator.

**Please sign! you have read the Cross Lanes Christian Statement of Cooperation.**

X \_\_\_\_\_  
Parent Signature

X \_\_\_\_\_  
Student #1 Signature

X \_\_\_\_\_  
Sibling #2 Signature

X \_\_\_\_\_  
Sibling #3 Signature

X \_\_\_\_\_  
Sibling #4 Signature

## INFODIRECT Subscription Agreement For School Year

Parent E-Mail Address(s): \_\_\_\_\_

Additional E-Mail Address(s): \_\_\_\_\_

**Please initial you have read the CLCS InfoDirect Subscription Agreement:**

Subscribers to this service agree to the following:

\_\_\_\_\_  
Parent Initial

Our Agreement :To provide a private, secure e-mail address that is only accessible by the parents/guardians of the students.

1. To maintain the integrity of this service by not sharing passwords or other access privileges. In the event that a new password is needed, contact the school office and we will issue a new password.
2. To avoid unauthorized usage or hacking (which will result in suspension of a family's InfoDirectTM privilege).
3. To refrain from using this service to address matters of conflict. Using this service to criticize, disparage, belittle, degrade, or disgrace an individual or school official, will result in immediate suspension of service for the subscriber.
4. To be patient and tolerant of data entry. Each day's data will be uploaded to InfoDirectTM during the night; therefore, the data viewed on InfoDirectTM will be the previous days' data.
5. To report any questionable material to the school office immediately. InfoDirectTM maintains resource links to websites that have special academic or educational content to help parents. We do not necessarily endorse any product or ideology presented on these sites. There is no charge for these links, they are simply informational resources.
6. To notify the school office of any known errors in the data presented.
7. If your account is in arrears 45 days or more, (or is not current at the end of May), your access to this service may be suspended.
8. No refunds will be granted for early termination/cancellation of the service.
9. InfoDirectTM service is available to all CLCS families. This service is included in your student activity fee.
10. Violation of any part of this agreement may result in termination of a family's privilege of using InfoDirectTM .

**I understand that in signing below, I am agreeing to accept and abide by the rules and philosophy of Cross Lanes Christian School contained in the Statement of Cooperation and InfoDirect Subscription Agreement. X**

**DATE:**

**Parent / Guardian Signature**

**DATE:**

# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313 (304) 776-5020 FAX: (304) 776-5074

A Ministry of Cross Lanes Bible Church

## Information Sheet For School Year \_\_\_\_\_

Student(s) Name(s): 1. \_\_\_\_\_ Grade \_\_\_\_\_  
2. \_\_\_\_\_ Grade \_\_\_\_\_  
3. \_\_\_\_\_ Grade \_\_\_\_\_  
4. \_\_\_\_\_ Grade \_\_\_\_\_

Check here if  
New Address  
For Current  
Year

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents' Occupation: (Husband) \_\_\_\_\_

Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

(Wife) \_\_\_\_\_

Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Church you attend \_\_\_\_\_ Pastors Name \_\_\_\_\_

Church Address \_\_\_\_\_

Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

(Please list below only those presently living.)

### Maternal Grandparents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

### Paternal Grandparents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

### Maternal Great-Grandparents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

### Paternal Great-Grandparents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

### Very Important People (Friends, Family, etc. such as god-parents who live nearby):

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

Information Sheet



# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313 (304) 776-5020 FAX: (304) 776-5074

A ministry of Cross Lanes Bible Church

## Pastor / Church Information

**Note to the applicant:** Please request your pastor to complete the following evaluation and send it to Cross Lanes Christian School. This evaluation form is vital for our application review process. Thank you.

Applicant's name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Dear Pastor: The student whose name appears above has applied for enrollment at Cross Lanes Christian School. We desire to make a wise enrollment decision that is in the best interest of both Cross Lanes Christian School and the applicant. Therefore, we request an evaluation from the applicant's pastor in order to aid us in this decision. Would you, please, take a few minutes and candidly answer the following questions?

## Applicant Information

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Close relationship  Fairly well  Casually

Please describe the church attendance of the applicant.

All services regularly  Some services regularly (1-2 weekly)  Attends occasionally (1-3monthly)

Does the applicant profess to be saved/born again?  Yes  No  I don't know

Do you observe evidence to support this profession?  Yes  No

How would you describe the applicant's attitude toward authority?

- Consistent with Biblical teaching
- Have not observed
- Questionable – Please explain below
- Definite concern – Please explain below

Comments:

---

---

---

## Recommendation

Based on my knowledge of this applicant and his/her family; I.....

- Highly recommend  Recommend  Do not recommend
- Have no recommendation  **Would like to discuss this recommendation by phone (optional)**

..... enrollment in the ministry of Cross Lanes Christian School.

-----

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's name (please print) \_\_\_\_\_

Church \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

**Pastor/Church Information**