



Crossroads High School

1400 Oatman Street

Llano, Texas 78643

325-247-4747 Phone 325-247-5623 Fax

Complete all information on this form. Print all responses.

Incomplete applications will be returned to applicant. Return the application to your counselor.

Date Received	Date of Interview
---------------	-------------------

Student name	Student ID#
--------------	-------------

Date of Birth ____/____/____	Age	Sex: M/F	Grade	Credits
------------------------------	-----	----------	-------	---------

Home phone: _____	Alternate Contact Phone: _____ Name of alternate contact: First and Last Name _____ Relationship to student: _____
Student cell phone: _____	
Mom cell phone: _____	
Dad cell phone: _____	

Mailing address: _____

City State Zip
Physical Address: _____

Student lives with: _____	Relationship: _____
---------------------------	---------------------

Parent/Guardian(s) Mother's name	Parent/Guardian(s) Father name
----------------------------------	--------------------------------

1. Emergency Contact: Name: _____ Cell phone _____	Relationship: _____
--	------------------------

2. Emergency Contact: Name: _____ Cell phone _____	Relationship: _____
--	------------------------

Yes	No	Answer the following questions
		Are you currently enrolled in LISD school?
		Are you in any special programs? (504, Special Education)
		Have you failed 2 or more core courses this year or last?
		Have you failed one or more sections of the state assessment?
		Do you have your own transportation?
		Is your attendance good/fair or poor?
		Are you currently under a doctor's care?
		Are you currently suffering from an illness or health related problems?
		Are you currently taking any medications?

Student's Goals

What are your plans for college/training/career after high school?

How will attending Crossroads help you achieve your academic and career goals?

How did you hear about Crossroads?

Do you believe that attending Crossroads will prevent you from dropping out of school? How?

What do you feel are your biggest challenges/issues at your current campus?

What would your current teachers say about your strengths?

Student's Goals

What would your current teachers say are areas of improvement for you?

What are your expectations of Crossroads?

If you are behind in grade level, what have you tried to get yourself on track?

If you have failed a core subject, what actions have you taken to get yourself on track?

To be filled out by parent/guardian

Child/Students

Prior High School: _____

Dates Attended: _____

How will attending Crossroads prevent your child from dropping out of school?

How will attending Crossroads help your child achieve his/her academic and career goals?

Parent Signature: _____ Date: _____