



JOINT SCHOOL DISTRICT NO. 2

Student Enrollment Form

8th Grade Application 2012/2013 School Year

•Grade Level: _____ •Student Number: _____

•Student's **LEGAL** Name: _____
Last First Middle

•Date of Birth: _____ •Place of Birth: _____

• Male Female •If born outside the United States, month/date of U.S. entry: _____

•Student Cell Phone Number: _____ •Last School Attended: _____
 () Address: _____

•Do you intend to ride the school bus? City: _____ State: _____ Zip: _____
 Yes No

•Has the student ever attended a Joint School District No. 2 school before? Yes No
 If yes, provide the School, Grade, and Year Attended: _____

Has your child:	Yes	No	Grade
Ever received special services (IEP)?			
Ever been educated in a self-contained program?			
Ever received speech therapy services?			
Ever been in a gifted and talented program?			
Ever been on a 504 accommodation plan?			
Ever been suspended or expelled from school?			
Ever been tested by a school psychologist?			
Is your child currently on probation?			

For Office Use Only

Certified Birth Certificate Immunization Records

Immunization Exempt Form Health History

Home Language Survey Proof of Residency

Check-Out from Previous School Physical Form

First Day of Enrollment: _____

•Custodial Information (if applicable): Custody: Mother Father Joint Guardian Step-Parent
 Is there a No-Contact Order in place? Yes No Copy of most recent Custody papers on file: Yes No

•Student Residency (Identifying students who may qualify to receive additional services): Where does the student stay at night?
 In a home you own or rent Temporarily with another family in a house, mobile home or apartment
 Other (please specify): _____

•Primary Household: Home Phone: () _____

Residence Address: _____
Number Street Apt/Lot

_____ City State Zip

Mailing (if different): _____
Number Street Zip

_____ City State Zip

Complete Other Side

•Parent/Guardian (Living in this Primary Household):

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•Parent/Guardian (Living in this Primary Household):

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•**Secondary Household:** *If the student lives in both households, please check here*

Home Phone: ()

Residence Address: _____
Number Street Apt/Lot

City State Zip

Mailing (if different): _____
Number Street Zip

City State Zip

•Parent/Guardian (Living in this Secondary Household):

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•Parent/Guardian (Living in this Secondary Household):

Name: _____
First Middle Initial Surname/Family Name Relation to Student

Employer: _____ Work Phone: ()

Email Address: _____ Cell Phone: ()

•**Emergency Contacts** *(Please provide a person or persons, other than the parents, who could be contacted in an emergency and/or pick up from school.)*

Emergency Contact: _____ Cell Phone: ()

Relation to Student: _____ Work Phone: ()

Emergency Contact: _____ Cell Phone: ()

Relation to Student: _____ Work Phone: ()

Parent/Guardian Signature _____ Date _____

CROSSROADS MIDDLE SCHOOL PARENT QUESTIONNAIRE

STUDENT NAME _____ **SCHOOL** _____

Please describe (briefly) the academic concerns for which you are seeking enrollment in Crossroads Middle School.

If your son/daughter is chosen for Crossroads Middle School, what specific changes would you like to see in his/her achievement?

As a parent you will be actively involved in the decision making regarding your son or daughter's academic achievement. What time of the day would be easiest for you to attend conferences at the school? _____

Please check each circle that applies to your son/daughter:

- Does not complete or turn in assignments
- Doesn't seem to care about school
- Classes seem too difficult for him/her
- Has achieved well in school prior to middle school
- Has had academic difficulties since elementary school
- Is influenced positively by his/her friends
- Is influenced negatively by his/her friends
- Has a regularly scheduled time and place to do homework assignments
- Takes responsibility for completing assignments and homework
- Is currently on a 504 or IEP plan.
- Has been retained at least once
- Has a current grade point average 1.5 or lower
- Has missed more than 10 days of school this year
- Has been referred to the office for disruptive behaviors in the classroom
- Has been referred to the office for fighting, truancy or other major offenses
- Is excited about making a change to Crossroads Middle School

Crossroads Middle School

STUDENT QUESTIONNAIRE

(PLEASE WRITE CLEARLY)

-
1. What do you like most about school? _____

 2. What do you like least about school? _____

 3. Why would you like to attend Crossroads Middle School? _____

 4. Do you complete your assignments and homework and turn it in when it is due?
If no, please explain why. _____

 5. Do you feel comfortable asking questions in class? If no, why not? _____

 6. Is there anything about your study habits or behavior in class that you need to
change so that your grades improve? _____

 7. What are your hobbies and interests? _____

 8. What school activities or sports are you interested in participating? _____



SUPERINTENDENT
Dr. Linda Clark

Joint School District No. 2

1303 E. Central Dr. • Meridian, Idaho 83642 • (208) 855-4500 • Fax (208) 350-5962

Middle School Health Registration Form

_____ is registered to take P1 / P2 Health this year.
(Student Name) (Health Level)

Please indicate the level of health by circling either P1 or P2 above.

Please see a description of the health course below. Enrollment in this course is a middle school requirement.

Health

Course Number(s): P1: 58051G0011 P2: 58051G0021

Open to: 8

Length: Semester

Content: This class helps young people make independent, informed decisions concerning their physical, mental, and social well-being. It encourages the students to discover their capability and responsibility for developing attitudes and patterns of behavior that promote a full and satisfying life.

For curriculum differences between the levels of health please inquire with your school's health teacher or you may look at the districts Health curriculum document on our website: www.meridianschools.org . Once there you may access the curriculum via the following pathway: ***District – Curriculum – Middle School – 8th Grade - Health***. The primary curriculum differences between the two levels of health can be located on pages **21 & 26** of the curriculum document.

I am aware of the Health course that my child will be enrolled in this year.

Parent/Guardian Signature: _____

Date: _____

CROSSROADS MIDDLE SCHOOL

650 N. Nola * Meridian, ID * 83642
Phone: 855-4275 * Fax: 855-4284
cms.meridianschools.org

"Courage, Commitment, Character"

Crossroads Compact

The staff at Crossroads Middle School is committed to _____ education.

Student's Name

However, it is a team effort involving parents, students and staff. By signing the agreement below you are establishing a partnership in your child's education.

As parent/guardian or student, I understand the following:

- We agree to provide transportation in a timely fashion after school or to Saturday school to help support CMS's "C minimum" policy.
- Daily attendance at CMS is critical. We understand that excessive absences and/or tardies will have consequences that may include after school make-up time.
- We agree to make every effort possible to attend school sponsored family activities and events.
- Open communication between parents and CMS staff is essential to school success. The CMS community relies on timely communication and parent involvement.
- We will support the school's discipline plan as well as adherence Meridian School District's dress code.
- The student will be required to use the CMS agenda book on a daily basis. Agenda books will be purchased at registration and additional copies can be purchased throughout the year if necessary.
- We agree to help the student maintain literacy and math skills by using supplemental materials provided by CMS teachers.
- We understand that test preparation and projects will require work at home.
- Based on ISAT test scores as well as teacher/parent recommendations, the student may be assigned an intervention lab in place of an elective or attend an extended day program for the purpose of increasing math and/or literacy skills.

Parent/Guardian Signature _____

Student Signature: _____

School Representative Signature: _____

Date: _____