



*Welcome Back to
Cross Middle
School! We are
pleased to have
you as part of our
school community.*

To simplify the Registration process, we offer all registration forms online, in fillable PDF format, available on the Cross Middle School Website.

Select the Enrollment tab, then Registration tab, choose the **RETURNING STUDENT REGISTRATION PACKET** for returning students. Follow the instructions, print and submit your completed packet to the FRONT OFFICE prior to February 1st.

Questions: Contact

Sue Williams, Registrar
swilliams2@amphi.com
520-696-6003

2023-2024 Returning Student Registration Packets

Available online at Cross Middle School WEBSITE

PAST DUE – RETURN ASAP

Please submit the completed forms for continued enrollment to be valid in the Amphitheater Public Schools.

Please print, sign and submit your completed RETURNING STUDENT registration packet **NO LATER than FEBRUARY 1st.**

**Printed version of packet is available in the front office upon request.*

Summer Walk Through / Orientation

All students MUST attend the Walk Through Orientation.

Summer Walk Thru/Orientation is for students who have *already turned in a completed registration packet*. During this time, students will have photos taken for their student ID, receive their class schedule and athletic information, as well as pay any necessary fees.

Please plan to attend the following Walk Through Orientation dates:

- **6th Grade: Tuesday, July 25th, 7:00 am – 12:00 pm**
- **7th Grade: Wednesday, July 26th, 7:00 am – 12:00 pm**
- **8th Grade: Thursday, July 27th, 7:00 am – 12:00 pm**

➡ **IMPORTANT**

If your child **WILL NOT BE ATTENDING** Cross in 2022-2023, please indicate below and return form to the office or email:

swilliams2@amphi.com with name and grade as soon as possible.

☐ **NOT** attending Cross next year 2020-2021

Student Name (please print) _____

Parent Signature _____



Cross Middle School
Acknowledgement / Registration Checklist
RETURNING STUDENT PACKET

Student _____ Incoming 2023-24 Grade _____
Last Name First Name

Parent Signature Required _____ Date _____

Forms and Documents *Required* for Registration

- ☐ Acknowledgement /Checklist
- ☐ Student Registration
- ☐ Residency Form
- ☐ **Current Proof of Residency document Mandatory.** Required each year.
Attach ONE of the following: *Drivers License, Utility bill, tax, deed, pay stub, insurance, bank statement, lease or rental agreement, mortgage.*
- ☐ Health Information Form
***6th grade updated Immunizations REQUIRED to start school – 1 dose ea. Tdap & Meningococcal**
- ☐ Elective Selection Form

Additional Documents if Applicable

ONLY IF information has Changed or is New from last school year

- ☐ Custody Document ☐ Pending Custody
(Court Order/Decree/Custody Document/Hearing date document/ Power of Attorney)
- ☐ IEP ☐ Evaluation Reports ☐ 504 ☐ Gifted

Amphi School you are coming from: _____

Amphitheater Public Schools - Student Registration Form



| | | | |
|-------------|--|--|--|
| School | | | |
| School Year | | Entering Grade Level for Given School Year | |

Directions: After completing this form, please save a copy on your computer. The Student Registration Form, along with any accompanying documentation, can be turned into the front office of the school you are enrolling your student.

| STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate) | | | | | |
|--|--|--------------------------|------------------|--------------------------------|---|
| Legal Last Name | Legal First Name | Preferred First Name | Full Middle Name | Generation (Jr. III, IV, etc.) | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | Race: (Check all that apply) <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native (Tribal Affiliation and Number _____) | | | | |
| Date of Birth (mm/dd/yyyy) | Country of Birth | State of Birth (US only) | | Place of Birth (City) | |
| Residential Address: | | Apt.# | City | ST | Zip |
| Preferred Mailing Address: | | Apt.# | City | ST | Zip |

| | | | | | |
|---|--|----------|------|-------|--|
| Enrollment History | Has this student ever attended school in Arizona before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Has this student ever attended an Amphitheater school any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Last school attended: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool | | | | | |
| Year | Grade Level | District | City | State | |

| Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.) | |
|--|--|
| <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> English Language Development <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Gifted/Accelerated (<input type="checkbox"/> Student has previously participated in accelerated classes/programs) <input type="checkbox"/> Other _____ | |
| Note: Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc. | |

| Other Information (Check all that apply) | |
|---|--|
| <input type="checkbox"/> Active Military Dependent <input type="checkbox"/> Foster <input type="checkbox"/> DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> McKinney-Vento/Homeless <input type="checkbox"/> Open Enrollment | |

| Other Children/Siblings Under 18 Living at this Address | | | |
|---|---------------|--------|-------|
| Name (Last Name, First Name) | Date of Birth | School | Grade |
| | | | |
| | | | |
| | | | |

| Transportation (Students must meet eligibility guidelines as listed in Board Policy. Please see Amphitheater website.) | |
|--|--|
| If riding bus, student will ride: <input type="checkbox"/> To AND From School <input type="checkbox"/> To School Only <input type="checkbox"/> From School Only <input type="checkbox"/> Day Care: _____ | |
| Other modes of transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Parent Drop Off / Pick Up <input type="checkbox"/> Student drives (HS only) | |

| | | |
|------------------------|--------------------------|--|
| Office Use Only | AM Bus# _____ Stop _____ | Student ID: _____ Entry Code: _____ Start Date: _____ |
| | PM Bus# _____ Stop _____ | Data Entry Date: _____ Initials of Person Entering Data: _____ |

Student Name: _____ Grade: _____

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)

| | | | | |
|--|---|----------------------|--|----------------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | | | | |
| Last Name | | First Name | | Employer |
| Cell Phone () - | | Home Phone () - | | Work Phone () - |
| <input type="checkbox"/> Address same as the student | Address (if different than student): | | | |
| | Apt.# | City | ST | Zip |
| Email: _____ @ _____ | | | Contact #1 Spoken Language | |
| <input type="checkbox"/> Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.) | | | | |
| <input type="checkbox"/> I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053) | | | | |
| Check all that apply: | <input type="checkbox"/> Can pick up student | | <input type="checkbox"/> Lives with student | |
| | <input type="checkbox"/> Receives Report Card | | <input type="checkbox"/> Can have Parent Portal Access | |
| <input type="checkbox"/> Is an Emergency Contact | | | | |

Parent/Guardian Contact #2

| | | | | |
|---|---|----------------------|--|----------------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ | | | | |
| Last Name | | First Name | | Employer |
| Cell Phone () - | | Home Phone () - | | Work Phone () - |
| <input type="checkbox"/> Address same as the student | Address (if different than student): | | | |
| | Apt.# | City | ST | Zip |
| Email: _____ @ _____ | | | Contact #2 Spoken Language | |
| <input type="checkbox"/> Please keep me informed regarding my child's education through email and text messages as needed. (e.g., emails from teachers and principals, progress reports, messages from schools, etc.) | | | | |
| <input type="checkbox"/> I understand the Code of Conduct is available online, but I would still like a printed copy. (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053) | | | | |
| Check all that apply: | <input type="checkbox"/> Can pick up student | | <input type="checkbox"/> Lives with student | |
| | <input type="checkbox"/> Receives Report Card | | <input type="checkbox"/> Can have Parent Portal Access | |
| <input type="checkbox"/> Is an Emergency Contact | | | | |

| | | | | |
|--|--|--|--|--|
| Who has legal custody of the child? <input type="checkbox"/> Contact #1 <input type="checkbox"/> Contact #2 (Check both if applicable.) | | | | |
| Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school.) | | | | |
| Is this student in care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal guardianship records must be on file with the school.) | | | | |
| Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Papers must be on file with school.) | | | | |
| Additional Information: | | | | |

Additional Contact #3

| | | | | |
|---|---|----------------------|--|----------------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ | | | | |
| Last Name | | First Name | | #3 Spoken Language |
| Cell Phone () - | | Home Phone () - | | Work Phone () - |
| Check all that apply: | <input type="checkbox"/> Can pick up student | | <input type="checkbox"/> Lives with student | |
| | <input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____) | | <input type="checkbox"/> Is an Emergency Contact | |

Additional Contact #4

| | | | | |
|---|---|----------------------|--|----------------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ | | | | |
| Last Name | | First Name | | #4 Spoken Language |
| Cell Phone () - | | Home Phone () - | | Work Phone () - |
| Check all that apply: | <input type="checkbox"/> Can pick up student | | <input type="checkbox"/> Lives with student | |
| | <input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____) | | <input type="checkbox"/> Is an Emergency Contact | |

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

| | | |
|--|-------------------------------------|------|
| Enrolling Parent/Guardian Printed Name | Enrolling Parent/Guardian Signature | Date |
|--|-------------------------------------|------|

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, TitleIXCoordinator@amphi.com, or the Executive Director of Student Services, (520) 696-5230, studentservices@amphi.com.



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder Amphitheater Public Schools

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION FORM**

Student **Full Legal Name** _____ Sex _____ Grade _____ School Cross MS
Last First Middle M/F

Resident Address _____

Mailing Address (if different) _____

Date of Birth ____/____/____ Place of Birth _____
City State County

Name/Address of Person(s) with whom Student may reside:

| Name | Address (If different than above) | Home # | Work # | Cell # |
|-------------------|-----------------------------------|--------|--------|--------|
| Father _____ | _____ | _____ | _____ | _____ |
| Step-Father _____ | _____ | _____ | _____ | _____ |
| Mother _____ | _____ | _____ | _____ | _____ |
| Step-Mother _____ | _____ | _____ | _____ | _____ |
| Guardian _____ | _____ | _____ | _____ | _____ |

Brothers/Sisters:

| | | | | | |
|------------|----------|--------------|------------|----------|--------------|
| Name _____ | Age ____ | School _____ | Name _____ | Age ____ | School _____ |
| Name _____ | Age ____ | School _____ | Name _____ | Age ____ | School _____ |
| Name _____ | Age ____ | School _____ | Name _____ | Age ____ | School _____ |

Any legal restricted custody decision the school health office should be aware of? If yes, describe: _____

Language(s) spoken by Student _____ Language(s) spoken at home _____

PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

☐ADHD ☐Allergies/drug ☐Allergies/food ☐Allergies/seasonal ☐Asthma ☐Birth defects ☐Blood disorder ☐Bowel/bladder
☐Diabetes ☐Glasses/contacts ☐Headaches/migraines ☐Hearing problem ☐Heart condition ☐Orthopedic
☐Psychiatric disorder ☐Seizure disorder ☐Other (If any items were checked, please explain) _____

If your student is to take medication at school, a signed consent form is required.

Please list all medication(s) student is now taking at home or school: _____

What health or physical problem might affect school attendance or participation in **PE**? _____

Has your student ever been involved in a special education program? If yes, please explain _____

INSURANCE COVERAGE: ☐None ☐AHCCCS ☐Kids Care ☐Indian Health Services ☐Other Health Plan _____

Doctor _____ Phone _____ Hospital Preference _____

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____













If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

Parent/Guardian Signature _____ **Date** _____

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Amphitheater Public Schools is deeply committed to technology as a vital tool for its students, teachers, and parents. As a user of technology, I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior.

| Amphitheater Public Schools Technology Values | | | |
|---|---|--|--|
| We value Communication; Therefore, I will |  Make appropriate decisions when communicating. |  Participate in collaboration. |  Think before I post. |
| We value Privacy & Safety; Therefore, I will |  Secure my personal information. |  Be aware that anything I do electronically is not private and can be monitored. |  Report any cyberbullying. |
| We value Learning; Therefore, I will |  Do my best. |  Have a positive attitude. |  Explore using appropriate resources. I will not use nonacademic search words. |
| We value Respect; Therefore, I will |  Follow copyright rules. |  Respond thoughtfully to other people's ideas. |  Take proper care of all equipment. |



Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty in Amphitheater Public Schools. The internet and devices on our network are used to support the educational objectives of Amphitheater Public Schools. Use of these technologies is a privilege and is subject to a variety of terms and conditions. Amphitheater Public Schools retains the right to change such terms and conditions at any time.

1. Communication

I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or any language that is offensive to anyone.

2. Privacy & Safety

I will secure personal information about family, faculty or myself. This includes passwords, home addresses, phone numbers, ages, and birth dates. I will be aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.

3. Learning

I will do my best. I will have a positive attitude and be willing to explore different technologies. I understand some sites are inappropriate and I will not search for words that are not related to my academics. I will evaluate the validity of information presented as I explore online and understand that not everything online is true.

4. Respect

I will follow all copyright rules and give credit when it needed. This includes documenting and properly citing all information acquired through online sources including but not limited to images, videos and music. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices of others. I will report misuse and/or inappropriate content to my teachers and adults.

**Student Section:**

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow the rules and guidelines when using technology. This applies while I am on or off Amphitheater Public School property.

Student Name _____ Grade _____ Date _____

Student Signature _____

Parent Section:

I hereby release Amphitheater Public Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Amphitheater Public School network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled in Amphitheater Public School District. I understand that it is impossible for Amphitheater Public Schools to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network.

I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that Amphitheater Public Schools encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and passwords for the Amphitheater Public Schools network, G-Suite Account and HelloID Single Sign-On account accessing assigned digital curriculum.

Parent Name _____ Date _____

Parent Signature _____

Cross Middle School

2023/2024 Course Selection

Grade 6

Name _____

1. Mathematics
2. Social Studies
3. Science
4. Language Arts
5. 6 Physical Education
6. RAMS 101

**Core class placement is pre-determined
by teachers and department heads.
(#1-4)**

Please only select Elective options.

Choose **ONE** of the options below:

7. _____ Exploratory Rotation (1 qtr. each of 4 of the following: Art, Cartography, Spanish, Music, or Sign Language)

Choice and rotation designated by school.

- _____ Beginning Band
- _____ Intermediate Chorus
- _____ Intermediate Orchestra
- _____ Introduction to Theater
- _____ Jazz Band (***audition and teacher approval required***)
- _____ Percussion
- _____ Odyssey of the Mind (***Application Required***)*

Electives are subject to change based on staffing. Course descriptions available on the Cross Registration webpage

Student Signature

Date

Parent/Guardian Signature

Date

****Applications are available on the Cross Registration webpage or in the front office.***

Schedule Changes

Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*

Cross Middle School

2023/2024 Course Selection

Grade 7

Name _____

Student # _____

1. Mathematics

2. Social Studies

3. Science

4. Language Arts

**Core class placement is pre-determined
by teachers and department heads.
(#1-4)**

Please only select Elective options.

5. _____ 7 Physical Education _____ Volleyball-Sports Conditioning** _____ Weight Training
Choose ONLY ONE PE option

6. Elective _____ Primary _____ Alternate

7. Elective _____ Primary _____ Alternate
Choose 2 primary and 2 alternate electives from the list below

7th Grade Elective Options

Advanced Band (Winds)

Advanced Chorus

Advanced Orchestra

Art 2 & 3 Dimensional

Computer Programming

Conversational Spanish

Guitar

Introduction to Theater

Introduction to Sign Language

Intermediate Band (Winds)

Intermediate Chorus

Intermediate Orchestra

Jazz Band (**audition and teacher approval required**)

Harelsion Helper**

Lab Science

Library Aide**

Musical Theater

Odyssey of the Mind (OM)**

Office Aide**

Percussion

STEM

Teacher Aide**

Technology

**** Electives - Application Required** – Applications available online, from the elective teacher, or the front office.
Course descriptions available on the Cross Registration webpage

Student Signature

Date

Parent/Guardian Signature

Date

Schedule Changes

Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*

Cross Middle School

2023/2024 Course Selection

Grade 8

Name _____

Student # _____

1. Mathematics

2. Social Studies

3. Science

4. Language Arts

**Core class placement is pre-determined
by teachers and department heads.
(#1-4)**

Please only select Elective options.

5. ____ 8 Physical Education ____ Volleyball-Sports Conditioning** ____ Weight Training

Choose ONLY ONE PE option

6. Elective _____ Primary _____ Alternate

7. Elective _____ Primary _____ Alternate

Choose primary and alternate electives from the list below

8th Grade Elective Options

Advanced Band (Winds)

Advanced Chorus

Advanced Orchestra

Art 2 & 3 Dimensional

Career Exploration

Computer Programming

Conversational Spanish

Guitar

Harelson Helper **

Intermediate Band

Intermediate Chorus

Intermediate Orchestra

Introduction to Sign Language

Introduction to Theater

Jazz Band (**audition and teacher approval required**)

Lab Science

Library Aide**

Musical Theater

Odyssey of the Mind (OM)**

Office Aide**

Percussion

Spanish 1 – **High School Credit Class**

STEM

Teacher Aide**

Technology

W.E.B.**

**** Electives - Application Required** – Applications available online, from the elective teacher, or the front office.

Course descriptions available on the Cross Registration webpage

Student Signature

Date

Parent/Guardian Signature

Date

Schedule Changes - Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*