

CROSS RIVER ACADEMY

School Year 2026 – 2027

Family Information Form

Fill out all information completely

Parent/Legal Guardian Name: _____

Mother: _____ Father: _____

Address: _____

City/State/Zip: _____

County: _____ School Zone: _____

Phone: _____ Cell Phone: _____

Email: _____

AN EMAIL ADDRESS **MUST** BE PROVIDED

Student Information (Please list all **enrolling** students within the family)

Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Parent/Legal Guardian Signature

Date
