



CLOVER CHRISTIAN SCHOOL

2022-2023 Enrollment Application



STUDENT LAST NAME	STUDENT FIRST NAME	Gender(M/F)	Date of Birth(mm/dd/yr)
ENTERING GRADE:	We request Scholarship Info <i>Yes No (Kdg-4th only)</i>	Previous	School(s) Attended:

Mother / Guardian	Home Address	Mother Cell Phone:
Business/Work Name	Business/Work Address	Work Phone:
Mother Email:		
Father / Guardian	Home Address	Father Cell Phone:
Business/Work Name	Business/Work Address	Work Phone:
Father Email:		

EMERGENCY CONTACT INFORMATION: *If parents/guardians listed above cannot be reached in the event of an emergency, please list below alternative contact information.*

Name:	Relationship:	Cell Phone:
Name:	Relationship:	Cell Phone:

PERMISSION RELEASE: *I authorize the following persons to pick up and transport my child from Clover Christian School --- daily, occasionally, in my absence, or in the case of an emergency:*

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Please describe any student Medical Condition(s)/Allergies/Medications/Diagnosis: _____

Will you be needing bus service? _____ a.m. only _____ p.m. only _____ both _____ no thanks

Other important information you would like us to know regarding your child: _____

Church Affiliation: *Name:* _____ *Location:* _____

Referred to Clover Christian School by _____

I hereby acknowledge that the above information is true and agree to adhere to the payment schedules as determined by the school office and myself.

(Signature)

(Date)