



# CLOVER CHRISTIAN SCHOOL

## 2022-2023 Enrollment Application



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

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

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

<b>Name:</b>	<b>Relationship:</b>	<b>Cell Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Cell Phone:</b>

**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:*

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>

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)**