



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</i> | Previous | School(s) Attended: |

| | | |
|---------------------------|------------------------------|---------------------------|
| Mother / Guardian | Home Address | Mother Cell Phone: |
| Business/Work Name | Business/Work Address | Work Phone: |
| | | |
| Mother Email: | 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)