



CLOVER CHRISTIAN SCHOOL

2021-2022 Enrollment Form



STUDENT LAST NAME	STUDENT FIRST NAME	Gender <i>(male/female)</i>	Date of Birth <i>(mm/dd/yr.)</i>
ENTERING GRADE:			

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

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

EMERGENCY CONTACT INFORMATION: <i>If parents/guardians listed above cannot be reached in the event of an emergency, please list below alternative contact information.</i>		
Name:	Home Phone:	Cell Phone:
Name:	Home Phone:	Cell Phone:

PERMISSION RELEASE: <i>My child has permission to be released to the following persons to pick up and transport him or her from Clover Christian School in the case of an emergency or in my absence:</i>		
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)