



# 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><br><i>Yes No</i> | <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>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)**