



# CLOVER CHRISTIAN SCHOOL

## ENROLLMENT FORM



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

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

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

<b>PERMISSION RELEASE:</b> <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>		
<b><u>SIGNATURE of Parent/Guardian:</u></b>		
<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)