

CLOVER GARDEN CHARTER SCHOOL 2008/2009 APPLICATION FORM

Applications for the 2008/2009 School Year will be accepted beginning January 2, 2008

2454 Altamahaw-Union Ridge Road, Burlington, NC 27217 - (336)586-9440, Fax (336)586-9477 - clovergardenschool.com

Student's Full Name: _____ Grade Applying For: _____

Siblings enrolled or applying at Clover Garden _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Race (Circle One) White Black Hispanic Asian American Indian Multiracial Other || Gender: Male Female

****NOTE: ALL NEW AND RETURNING STUDENTS: PROOF OF RESIDENCE MUST BE PROVIDED WITH THIS APPLICATION.**

(Proof of Residence includes, Tax Document, Car Registration, Voter Registration, Utility Bill or Deed.)

Applications received without Proof of Residence will be returned as incomplete!

****COUNTY THE STUDENT RESIDES IN:** _____

*******Permission and Liability Waiver*******

The student named above has permission to participate in all of the activities of the Clover Garden School programs including, but not limited to, class trips, filming and physical education activities during the school year.

Signature: _____ Relationship to Student: _____ Date: _____

******* PARENT/GUARDIAN INFORMATION *******

Student lives with (circle one) Mother/Father Mother Father Mother/Stepfather Father/Stepmother Guardian

Mother/Guardian _____ Home Phone _____ Work Phone _____

Cell Phone _____ Pager # _____ Email _____

Address _____ City _____ Zip _____

Father/Guardian _____ Home Phone _____ Work Phone _____

Cell Phone _____ Pager # _____ Email _____

Address _____ City _____ Zip _____

EMERGENCY CONTACTS TO CALL IF THE SCHOOL CANNOT REACH PARENT(S)/GUARDIAN

******* (Please provide TWO contact names) *******

(1) Name _____ Home Phone _____ Work Phone _____

Relationship to Student _____ Cell Phone _____

Address _____ City _____

(2) Name _____ Home Phone _____ Work Phone _____

Relationship to Student _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Doctor _____ Phone _____

Note any medical conditions the school should be aware of (asthma, allergies, etc.) _____

Previous School Attended _____ School District/County _____

School Address _____

*******NOTE: A COPY OF THE MOST RECENT REPORT CARD NEEDS TO BE SUBMITTED WITH APPLICATION*******

DOES YOUR CHILD HAVE AN IEP? _____

DOES YOUR CHILD HAVE A 504? _____

First Language Child Spoke _____

Primary Language spoken in the Home _____

All information on this application is true, accurate and complete to the best of my knowledge.

Signature: _____ Date: _____