

CLOVER GARDEN CHARTER SCHOOL 2012/2013 APPLICATION FORM

Applications for the 2012/2013 School Year will be accepted beginning January 3, 2012

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

Student's Full Name: _____

Grade Applying For: _____ **Date of Birth:** _____ **Age:** _____

Gender: Male Female

Race (You may select more than one category from this list) _____ **Ethnicity Choices (Circle One)**
White Black/African American American Indian Asian Hawaiian/Pacific Islander Hispanic Non-Hispanic

Student's Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Home Phone _____

Previous School Attended _____ **City** _____ **State** _____

First Language Child Spoke _____

Primary Language spoken in the Home _____

Siblings enrolled or applying at Clover Garden

****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:** _____

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

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

Mother/Guardian _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **Email** _____

Father/Guardian _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Work Phone _____ **Email** _____

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

Signature

Date

For Office Use Only

Date Application Received: _____ **Lottery:** _____ **Waitlist Number:** _____