

# CLOVER GARDEN CHARTER SCHOOL 2008/2009 *Re-Enrollment* APPLICATION FORM

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.) \_\_\_\_\_

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: \_\_\_\_\_