

NEW HYBRID-HOMESCHOOL STUDENT APPLICATION

Academic Year:			Grade Entering:		
Student Name:			_Male	Female	
Date of Birth: Place of Birth	·		_ Citizensh	ip:	
Home Street Address:					
Mailing Address (if different):					
Home Telephone:	School Distric	t of Residence:	*****	*****	
Mother's Name:			_(check if	legal guardian)	
Address (if different):					
Home Telephone (if different):		Cell Phone:			
E-mail Address:					
Employer:		Work Telephon	ne:		
Address:			*****	*****	
Father's Name:			_(check if	legal guardian <u></u>)	
Address (if different):					
Home Telephone (if different):		Cell Phone:			
E-mail Address:					
Employer:					
Address:	*****	******	*****	*****	
List all siblings below:					
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Name:	Age:	Relationship:			
Name:	<i>Age:</i>	Relationship:			

Name of church or fellowship you are currently attending:

Please answer the following questions. If more space is required, please attach additional page(s).

1. Why are you applying for your child's enrollment in Covenant Love Community School?

2. List your child's educational history, chronologically to date (including preschool and homeschool). SCHOOL NAME LOCATION GRADES ATTENDED

3. List any academic, physical and/or psychological testing/screening administered to your child, to date.

4. Please list any medical and/or dietary considerations and/or needs your child may have.

parent signature

date

A completed application form is not a guarantee of admission, but only a request for admission.