



PART-TIME STUDENT APPLICATION

Academic Year: _____ Grade Entering: _____

Student Name: _____ Male _____ Female _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Home Street Address: _____

Mailing Address (if different): _____

Home Telephone: _____ School District of Residence: _____

Mother's Name: _____ (check if legal guardian)

Address (if different): _____

Home Telephone (if different): _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Work Telephone: _____

Address: _____

Father's Name: _____ (check if legal guardian)

Address (if different): _____

Home Telephone (if different): _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Work Telephone: _____

Address: _____

List all siblings below:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ 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.