

# Clintonville Academy Application

(Please complete a separate form for each child)

## Student Information

Name of Child		Circle ONE: MALE    FEMALE	
Today's Date		Child's Birthdate	
Grade Applying for		School Year	

Previous School Attended	District
City	State

## Parental Status

Single     Married     Separated     Widowed     Other: \_\_\_\_\_  
 Divorced – Who is the custodial parent? \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name		
Home Address		
City	State	ZIP
Home or Cell Phone	Work Phone	
Email		
Place of Employment	Occupation	

Other Parent/Guardian Name		
Home Address		
City	State	ZIP
Home or Cell Phone	Work Phone	
Email		
Place of Employment	Occupation	

## How did you hear about us?

Friends     Preschool     Newspaper     Yellow Pages     Facebook     Twitter  
 Clintonville Academy Website     Other: \_\_\_\_\_

**Please return this form along with \$50.00 to cover the testing fee.**

**\*\*Please note: The testing fee is NON-REFUNDABLE\*\***

## For Office Use Only

Date Received	Testing Fee Paid
Testing Date	Check #