

Clintonville Academy PK-8th Grade Application

(Please complete one form per child)



Student Information

Legal Name of Child	Preferred Name / Pronouns
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	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	Preferred Pronouns	
Home Address		
City	State	Zip
Home or Cell Phone	Work Phone	
Preferred Email		
Place of Employment	Occupation	

Parent/Guardian Information

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

How did you hear about us?

Friends
 Preschool
 Internet Search
 Social Media
 Other: _____

Please return this form along with a non-refundable \$50.00 assessment fee.
3916 Indianola Avenue, Columbus, OH 43214
Make checks payable to: Clintonville Academy. Indicate child's name in memo line.

For Office Use Only

Date Received	Testing Fee Paid
Testing Date	Check #