

CLINTONVILLE ACADEMY APPLICATION

Child's Name _____ M/F _____ Date _____
Child's Birthdate _____ Grade applying for: _____
For school year: _____

Parent Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
If parents are divorced who is custodial parent? _____
Child lives with : Both parents ___ Mother ___ Father ___
Other(specify) _____

Mother's Name _____ Home phone: _____
Mother's Address: _____
City State Zip
Father's Name: _____ Home phone: _____
Father's Address: _____
City State Zip

Mother's Place of Employment: _____
Occupation _____
Mother's Work Phone: _____

Father's Place of Employment: _____
Occupation _____
Father's Work Phone: _____

Previous School Attended: _____
Is child on any medication? If so, what? _____
Has child required any special programs or tutoring? Yes _____ No _____
If so, please explain:

Does child have any physical disabilities, handicaps, or health problems?
Yes ___ No ___ If so, please comment:

How did you learn of Clintonville Academy?
Friends ___ Preschool ___ Newspaper ___
Mailing ___ Yellow pages ___ Other ___

Does child have siblings? How many _____ Ages : _____
What school district do you reside in? _____

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Please return this form with \$ 50.00 to cover the testing fee.
(PLEASE NOTE: **testing fee is non-refundable.**)

Date rec'd _____ Testing Fee Paid _____
Testing Date _____