



Christ
LITTLE ROCK

Kindergarten-8th grade Enrollment Application

Student's Full Name: _____

Birth Date: ____/____/____ Gender: Male___ Female___ Race: _____

Enrolling Grade: _____ Extended Care? Y or N

Student's Address: _____ City, State, Zip: _____

Mother/Guardian: _____

Father/Guardian: _____

Relationship: _____

Relationship: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Workplace: _____

Workplace: _____

Occupation: _____

Occupation: _____

Work phone: _____

Work phone: _____

Siblings Names


Grade

School

Parents' Marital Status: Married Divorced* Separated*

*If divorced or separated, special arrangements: _____

Who referred you to us? _____

Please continue on reverse side 

Christ Little Rock School strives to meet students' variety of needs.

Does your child have any physical, emotional, social or academic challenges? If so, please explain. _____

Why would you like to enroll your child at CLRS? _____

Academic History

Grade(s) School Name, City and State

_____	_____
_____	_____

I agree to provide the following records to assist in the application process. I agree the information stated on this application is current and accurate.

- ✓ Current report card
- ✓ Achievement test results

Parent/Guardian Signature

Date

Non-discriminatory policy: Christ Little Rock School admits students of any race, color, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate in the administration of its educational policies, admission policies, scholarship programs, athletic programs, or other school administered programs.

Internal use only:

Accepted Date _____

Records Rec Date _____

Start Date _____

Amount Paid _____

Date Paid _____

Initials _____