



Student Enrollment Application

2009-2010

Student's Name: _____ **Date of Birth:** _____

School District Attending: State College Bellefonte Bald Eagle

Other District: _____

Current School Attending: _____

Grade for 2009-2010 School Year: 5th 6th 7th 8th

Parent/Guardian: _____

Address: _____

Phone (Daytime): _____ **Phone (Evening):** _____

Email: _____

I am familiar with the goals and objectives of the Centre Learning Community Charter School and believe that my child will benefit from such a learning environment. If my child is selected, he or she will attend the Centre Learning Community.

We are willing to begin during the school year.

We are only willing to begin at the beginning of the school year.

Parent/Guardian Signature: _____ **Date:** _____

Return Application to:

CLC Charter School
2643 W. College Ave.
State College, PA 16801

Date Received:	
Other Info:	