



Student Enrollment Application

2015-16

Student's Name: _____ Date of Birth: _____

School District Attending: State College Bellefonte Bald Eagle

Other District: _____

Current School Attending: _____

Grade for 2015-2016 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

OPTIONAL INFORMATION: How did you hear about us?

Internet Advertisement Former or Current Parent Recommendation Other _____

Date Received:	
Other Info:	