



# Student Enrollment Application

## 2016-17

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School District Attending:  State College  Bellefonte  Bald Eagle

Other District: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

Grade for 2016-2017 School Year:  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

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:	