

**Enrollment Application
2016-2017**

Part A – Family Information

Father/Guardian _____
Last First Middle Preferred Name

Home Address _____
Street City State Zip

Home phone (_____) Cell phone (_____)

Occupation/Title/Employer _____

Work Phone: (_____) Email _____

Preferred method of communication: ___ email ___ text ___ call

Mother/Guardian _____
Last First Middle Preferred Name

Home Address _____
Street City State Zip

Home phone (_____) Cell phone (_____)

Occupation/Title/Employer _____

Work Phone: (_____) Email _____

Preferred method of communication: ___ email ___ text ___ call

Student(s) live with (check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Father | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |

Home Church _____
Address _____

Street City State Zip
Website _____

Are you members of this church? Y N

Which services do you attend and how regularly? _____

Civic/Charitable Organizations: _____

Why do you think CHET is a good match for your family? _____

Describe your typical school day _____

Who is the primary teacher in your home? _____

Part B – Student Information

Full Legal Name _____
Last First Middle Preferred Name

Date of Birth _____ Current Age _____ () Male () Female

Social Media accounts _____

Applying for grade _____

Umbrella School _____
Name Address City State

Extra curricular activities/hours per week (sports, scouts, etc) _____

Other schools attended:

Name of School	City	State	Year attended
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Name of School	City	State	Year attended
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Name of School	City	State	Year attended
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