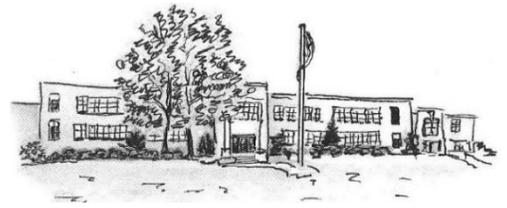


# CHATTANOOGA SCHOOL FOR THE LIBERAL ARTS

Office of Admissions

6579 East Brainerd Rd. Chattanooga, TN 37421

423.855.2614 | csla\_admissions@hcde.org



## *Application for Kindergarten 2018-19*

### Student Information

Name: \_\_\_\_\_ Name Student Goes By: \_\_\_\_\_

First Middle Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_

Zone School: \_\_\_\_\_ Preschool/Daycare: \_\_\_\_\_

### Parent/Guardian Information

**Mother/Guardian Name:** \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student Lives with:** \_\_\_ Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian

### Parent/Guardian Acknowledgements

- I understand that if my student is offered admission, I will be required to submit two proofs of residency for Hamilton County, one being a mortgage letter or lease agreement. Non-Hamilton County residents are not permitted to attend a Hamilton County magnet school.
- I understand that if my student enrolls at CSLA, I will be required to attend two parent conferences each year, contribute a minimum of 18 volunteer hours each year, and adhere to HCDE Magnet School requirements for attendance. Failure to meet these requirements is grounds for loss of the seat at CSLA and at other HCDE Magnet Schools.
- Beginning January 2019, I will receive an email each year to confirm my intent for this application to remain active on the wait list. Following online instructions to renew the application by the due date is required. Any changes in contact information such as address, emails or phone numbers is my responsibility. If the renewal is not completed by the specified date, my student will be removed from the wait list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application received on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

Admission Status: \_\_\_ A \_\_\_ DC \_\_\_ RM Date: \_\_\_\_\_ Reason: \_\_\_\_\_