



**Piedmont Classical High School
Application for Enrollment 2018-2019**

Applying for Grade: 9th _____ 10th _____ 11th _____

Applications must be received by **5:00 PM on Wednesday, January 31st.**

Please mail, fax, e-mail or hand deliver.

The lottery will be held on **Friday, February 16th at 10:00 AM.**

Student Information

Student's Legal Last Name

First Name

Middle Name

Preferred Name/AKA

Date of Birth

Street Address

Apt #

City

State

Zip Code

Mailing Address if different from above

Apt #

City

State

Zip Code

Primary Telephone

Primary Email Address

County of Residence

Do you have a student(s) currently attending Piedmont Classical High School? Yes _____ No _____ If yes, please complete info below.

Name/Grade: _____ Name/Grade: _____

Are you or any other guardian a Staff/Board Member of PCHS?

Yes _____ Name of Staff/Board Member: _____

Parent /Guardian Information

Parent/Guardian #1

Parent/Guardian #2

Name _____

Name _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____ State/Zip: _____

City: _____ State/Zip: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

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