



**Piedmont Classical High School
Application for Enrollment 2017-2018**

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

Applications must be received by 5:00 PM on Tuesday, January 31st. Please mail, fax, e-mail or hand deliver.
The lottery will be held on February 24th 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: _____	