



**Piedmont Classical High School
Application for Enrollment 2019-2020**

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

Applications must be received by **5:00 PM on Friday, February 1, 2019**
Please mail, fax, e-mail or hand deliver to the school
The lottery will be held on **Thursday, February 14, 2019 at 10:00 AM.**

Student Information

Student's Legal Last Name

First Name

Middle Name

Date of Birth

County of Residence

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: _____