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P.O. Box 127 • Crystal Springs, MS 39059  
Phone: 601-892-4500 • E-Mail: [infoforcclc@gmail.com](mailto:infoforcclc@gmail.com)

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### 2018-2019 Waiting List Application Form

To be considered for enrolment at Copiah Christian Learning Center please fill out the attached form and mail it along with your \$25 waiting list fee to: **CCLC, P.O. Box 127, Crystal Springs, MS 39059**

You will be contacted when there is an opening for your student. We are looking forward to having your child attend CCLC.

If there is anything we can help you with or answer any questions, please don't hesitate to call the school at 601-8924500, contact a board member or contact us by e-mail [infoforcclc@gmail.com](mailto:infoforcclc@gmail.com).

**BOARD MEMBERS** Chris Hunt, Chairperson 601-757-9825; Elaine McLemore, Co-Chairperson 601-906-4636; Angela Pevey, Treasurer 601-278-7882; Norma Conn, Secretary 601-398-7106; Victoria Walker Communications 601-421-4082

#### STUDENT INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ **Grade entering 2018-19** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ Date last attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade Completed \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Responsible for tuition Payments ( ) Y ( ) N

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

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First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Responsible for tuition Payments ( ) Y ( ) N

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

**SIBLING INFORMATION** If you have more than one child and have filled out multiple waiting list applications please list those children so that we can keep their applications together \_\_\_\_\_

#### **ALTERNATE CONTACT or Mailing address if different from above**

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

*My Signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone number, and/or emergency information must be reported to the school within 24 hours for the safety of my child*

\_\_\_\_\_ Date \_\_\_\_\_