



NEW STUDENT APPLICATION 2018-2019/Pre-Kindergarten

APPLICATION SUBMISSION GUIDELINES:

Please submit one application and a \$75 non-refundable application fee per child.
Once completed, applications should be forwarded to:

Cornerstone Classical School
Attn: Wendee Schoon
20449 Highway 82
Basalt, Colorado 81621
970.927.9106 phone
970.930-5127 cell
cornerstoneclassicalprek@gmail.com

APPLICANT INFORMATION

Enrollment Date: _____

Applicant: _____
Last First MI (Nickname)

Address: _____
Street City State Zip

Telephone#: _____ Date of Birth: _____ Social Security # _____

Male Female Current Grade _____ Applying for Grade _____ School Year _____

Applicant Lives With: _____

(Circle any that apply):

Father Deceased Mother Deceased Parents Separated Parents Divorced

Who is legally responsible for applicant? _____

Who is responsible for applicant's tuition? _____ Relationship _____

Address: _____
Street City State Zip

Telephone #: _____ E-mail: _____

FAMILY INFORMATION

Father/Stepfather/Guardian

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

Employer Address _____

Mother/Stepmother/Guardian

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

Employer Address _____

Please circle days preferred: M T W T H F