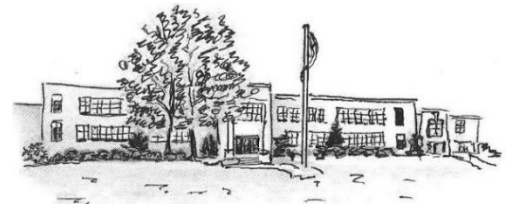


CHATTANOOGA SCHOOL FOR THE LIBERAL ARTS

Office of Admissions

6579 East Brainerd Rd. Chattanooga, TN 37421

423.855.2614 | csla_admissions@hcde.org



Application for 1st-7th Grades 2019-20

Student Information

Name: _____ Name Student Goes By: _____

First Middle Last

Street Address: _____ City: _____ Zip Code: _____

Date of Birth: ___/___/___ Gender: ___ Male ___ Female Race: _____

Current School: _____ Grade 2018-19: _____

Hamilton County school student is zoned for (if different than above): _____

Parent/Guardian Information

Mother/Guardian Name: _____

Cell Phone: (____) _____ - _____ Email Address: _____

Address (if different than student): _____

Employer: _____ Work Phone: (____) _____ - _____

Father/Guardian Name: _____

Cell Phone: (____) _____ - _____ Email Address: _____

Address (if different than student): _____

Employer: _____ Work Phone: (____) _____ - _____

Student Lives with: ___ Parents ___ Mother ___ Father ___ Legal Guardian

Student has a sibling CURRENTLY enrolled at CSLA: ___ Yes ___ No If yes, name: _____

Parent/Guardian Acknowledgements

- I understand that if my student enrolls at CSLA, I will be required to attend two parent conferences, volunteer a minimum of 18 hours, and adhere to the HCDE Magnet School requirements each year. Failure to meet these requirements is grounds for loss of the seat at CSLA and at other HCDE Magnet Schools.
- I understand all CSLA students are given high academic expectations, take a foreign language and participate in various field learning experiences. I can learn about the Paideia Philosophy at www.csla.hcde.org.
- I understand that if my student is not offered admission, I will receive an email with instructions about how to keep my application active each year in mid-January. I am responsible for notifying CSLA of any changes in contact information such as address, email or phone number.
- Students are added to the wait list by the date the application is received. You may mail, email or return this application in person to CSLA. Please contact CSAS at www.csaslower.hcde.org for an application to their school.

Parent/Guardian Signature: _____ Date: _____

Application received on _____ at _____ by _____
Admission Status: ___ A ___ DC ___ RM Date: _____ Reason: _____