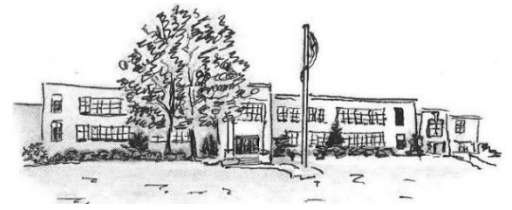


CHATTANOOGA SCHOOL FOR THE LIBERAL ARTS

Office of Admissions

6579 East Brainerd Rd. Chattanooga, TN 37421

423.855.2614 | csla_admissions@hcde.org



Application for Kindergarten 2019-2020

Student Information

Name: _____ Name Student Goes By: _____

First Middle Last

Street Address: _____ City: _____ Zip Code: _____

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

Zone School: _____ Preschool/Daycare: _____

Parent/Guardian Information

Mother/Guardian Name: _____

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

Home Address (if different than student): _____

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

Father/Guardian Name: _____

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

Home Address (if different than student): _____

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

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

Parent/Guardian Acknowledgements

- I understand that if my student is offered admission, I will be required to submit two proofs of residency for Hamilton County, one being a mortgage letter or lease agreement. Non-Hamilton County residents are not permitted to attend a Hamilton County magnet school.
- I understand that if my student enrolls at CSLA, I will be required to attend two parent conferences each year, contribute a minimum of 18 volunteer hours each year, and adhere to HCDE Magnet School requirements for attendance. Failure to meet these requirements is grounds for loss of the seat at CSLA and at other HCDE Magnet Schools.
- Beginning January 2020, I will receive an email each year to confirm my intent for this application to remain active on the wait list. Following online instructions to renew the application by the due date is required. Any changes in contact information such as address, emails or phone numbers is my responsibility. If the renewal is not completed by the specified date, my student will be removed from the wait list.

Parent/Guardian Signature: _____ Date: _____

Application received on _____ at _____ by _____

Admission Status: ___ A ___ DC ___ RM Date: _____ Reason: _____