



Student Enrollment Lottery/Waitlist Application

SCHOOL YEAR: _____

Student's Name: _____ Date of Birth: _____

School District Attending: _____ Current School Attending: _____

Grade for _____ School Year: 5th 6th 7th 8th

Parent/Guardian: _____ Email: _____

Address: _____

Phone (Daytime): _____

Phone (Evening): _____

I am familiar with the goals and objectives of the Centre Learning Community Charter School and believe that my child will benefit from such a learning environment. If my child is selected, he or she will attend the Centre Learning Community.

- We are willing to begin during the school year.
 We are only willing to begin at the beginning of the school year.

Parent/Guardian Signature: _____ Date: _____

Return Application to:

CLC Charter School
2643 W. College Ave
State College, PA 16801
info@clccharter.org

OPTIONAL INFORMATION: How did you hear about us? (check all that apply)

- Internet Search**
- Advertisement**
- Former/Current CLC Family Recommendation**
- Other:** _____

Date Received:	
Other Info:	