

**CENTRAL HOLMES CHRISTIAN SCHOOL**

*130 Robert E. Lee Drive*

*Lexington, Mississippi 39095*

**Telephone: (662) 834-3011 Fax: (662) 834-1011**

**Email: [centralholmes@bellsouth.net](mailto:centralholmes@bellsouth.net) Website: [www.chcstrojans.com](http://www.chcstrojans.com)**

**Application for Enrollment of New Student(s)**

Student's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Student's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Student's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Parents' Names or Guardian's Name \_\_\_\_\_  
Father or Guardian \_\_\_\_\_ Mother or Guardian \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Father's Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
or Guardian's Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Credit Reference \_\_\_\_\_  
Credit Reference \_\_\_\_\_

**The undersigned authorizes the release of information regarding credit and employment.**

\_\_\_\_\_  
Parent or Guardian Parent or Guardian

**The following documents must accompany this application.**

1. A copy of the student's permanent record from present and/or former school.
2. A copy of the student's report card and/or grades up until time of withdrawal.
3. Drug test required for students entering grades 7 thru 12.

Previous school information:

School Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**If application is accepted, student(s) is/are NOT fully enrolled until records are on file with Central Holmes Christian School. Parents/Guardian must come to the school and complete contract and pay fees.**

Central Holmes Christian School Board of Directors hereby:

- \_\_\_\_\_ accepts your application.
- \_\_\_\_\_ denies your application.
- \_\_\_\_\_ regrets to inform you that \_\_\_\_\_ grade is full at this time.

Date: \_\_\_\_\_  
\_\_\_\_\_  
President, CHCS Board of Directors