CENTRAL HOLMES CHRISTIAN SCHOOL
130 Robert E. Lee Drive
Lexington, Mississippi 39095
Telephone: (662) 834-3011 Fax: (662) 834-1011
Email: centralholmes@bellsouth.net Website: 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