

C.L.A.S.S.
"Christian Learning In Academics, Skills, And Services"
161 Baker Rd.
Hohenwald, TN 38462
(931)-796-4361

RE-ENROLLMENT

School Year: _____ **Date:** _____

Student Information:

Student Name: _____ D.O.B.: _____ Age: _____ Sex: _____
Social Security Number: _____ Last grade completed: _____ Current grade level: _____

Family Information: *(Parent or guardian must furnish the following information)*

Note: If you receive your mail at a P.O. Box, please provide your box number and your physical address

Parent/Guardian Name

Address (physical and P.O. Box if applicable)

City State Zip County

Home Phone Number:(_____) _____ Cell Number: _____

Email Address: _____

Education level of Parent/Guardian: _____

List any special needs your child has: _____

Upon enrolling, parents will be provided with an **Attendance & Test Grade Form**. These forms will be used to document estimated date for completion of academics, test grades and attendance. When the academic school year is complete, please submit a copy of the **Attendance/Test Grade Form** to C.L.A.S.S. for your child's cumulative file.

Our Mission...

To honor Christ as we provide information, curriculum, various services, and advice to new or veteran home-schooling parents or adults seeking a high school diploma. We want to help any student who desires an education.

TANAS Member