

## **Initial Application for Enrollment and Scholarship**

Child's Name:	Date of Birth:	Male Female
Parent/Guardian Name(s):		
Address:	City/Town:	Zip Code:
Phone Number:		
Is your child potty-trained? Yes No	_	
Does your child have his/her immunizations?	Yes No	
Does your child speak English? Yes No	0	
Does your child have any special needs? Yes	No If Yes, please e	explain below:
Please Explain anything else we need to knov	w about your child:	
What is your household income?	Weekly Mon	thly Annually
How many people live in your household?		
Mail application to: Cornelius Early Scholars,	19708 Charles Towne Lane, Co	ornelius, NC 28031
OR email to cesdirector91@gmail.com. If you	ı have questions, please call (7	704) 491-2731 or email us
WHAT DOCUM	<b>IENTATION WILL BE REQUIRED</b>	<u>)?</u>
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*Documentation is not required at the time of	<b>of application</b> , but will be requ	lired prior to acceptance. ( <i>The</i>

- Proof of child's date of birth birth certificate, passport or other documentation
- Child's immunization records provided by your child's physician
- Proof of residency utility bill, lease, driver's license or other documentation
- Proof of income Tax return, paystub or other documentation

Cornelius Early Scholars admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

All information provided on this Initial Application for Enrollment and Scholarship will remain confidential and will be used for the sole purpose of evaluating student enrollment and scholarship eligibility by Cornelius Early Scholars (CES). The information provided in this application will not be shared with outside organizations or individuals.