



THE CORNERSTONE SCHOOL

146 High Street, Stratham, NH 03885

603 -772-4349

www.cornerstoneschool.org

Application For Enrollment

Application is hereby made for admission of _____

as a student at the Cornerstone School of the Academic year _____ to _____.

Application Level (circle): TH (10 month)	TH (12month)	PR 11:30a	PR 1:30p
PR 3:00p	LE	UE	JR

Parent Contact Information

Parent's Names: _____

Home Address: _____

_____ (city) _____ (State) _____ (Zip)

Home Telephone: _(_____) _____

Child Personal Information

Date of Birth: ____/____/____ Gender: ____

Previous School Experience (name and address): _____

What is the general health of the child? _____

Please return this application with a \$75.00 registration fee.

Date: _____ Parent Signatures: _____

The Cornerstone School is a nonprofit organization which does not discriminate against applicants or students on the basis of race, color, religion, or ethnic origin.