



CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM  
Ft. Campbell Student Enrollment Request

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level (current school year): \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Work Phone: \_(\_\_\_\_)\_\_\_\_\_

Has your child ever been expelled from school? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give detailed reason:

\_\_\_\_\_

Has your child ever been retained? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, which grade(s)?

How many days was your child absent from school last year? \_\_\_\_\_ If more than 5 days, please provide reasons:

\_\_\_\_\_

Please provide a brief explanation of your reasons for applying to attend a Clarksville-Montgomery County School.

\_\_\_\_\_

**CERTIFICATION**

I swear or affirm the information provided herein is accurate. I understand that any false information provided may jeopardize my child's enrollment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE OFFICE OF THE GARRISON COMMANDER**

We certify that the parent or legal guardian above resides within the Montgomery County limits on Ft. Campbell Military Installation; however, their child does not meet the eligibility requirements for enrollment in Department of Defense schools:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_