

NOMINATION FORM¹

Student Name			
Parent Name			
Address			
City	State	Zip	
Phone		Email	
Current School		Grade	
School Principal/Counselor			
Name of Person Making Nomination			Relationship to Nominee
Nominator's Address			
City	Sta	te	Zip
Phone			
Please discuss, on a separate she performance, character, leadersh			e areas of academic

Office of Admission Christ School 500 Christ School Road Arden, NC 28704

¹ Please submit by January 15, 2013 to: