



DATE RCVD: ___/___/_____

2010-2011 Application for Waitlist

Completion of this application will give you a spot on Liberty's waitlist. Once an opening in our enrollment occurs, we will refer to our waitlist and notify the students by phone and/or mail the students who are first in line on the waitlist. Being placed on the waitlist does not guarantee enrollment at Liberty Academy.

Student Name: _____ Birth Date: _____

Grade 2010-2011: (circle one) K* 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

*Kindergarten preference: (circle one) All Day 5-Day All Day 3-Day (The Kindergarten openings will be filled by a "random selection" process during the first week of May.)

Sibling Enrolled at Liberty for 2010-2011: (circle one) YES** NO

**If yes, please list sibling's name(s): _____

PHONE:
(____) _____ - _____
Home
(____) _____ - _____
Cell

ADDRESS:

Street

City State Zip

Best time to reach you by phone: _____ AM PM

Email: _____

Parent Signature: _____ Date: ___/___/_____

Please return this form to the Front Office.
If faxing this form, please put ATTN: Registrar.

Liberty Academy

1195 S. Elk Ridge Drive, Salem, UT 84653
Phone: 465-4434
Fax: 465-7808