



DATE RCVD: \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL TIME  
 CAP

---

## 2011-2012 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 2011-2012: (circle one) K\* 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

\*Kindergarten preference: (circle one) All Day 5-Day    All Day 3-Day    (The Kindergarten openings will be filled by a "random selection" process in March.)

Sibling enrolled at Liberty for 2011-2012: (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 Name (please print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

---

\*\*\*

**Please return this form to the Front Office.**

If faxing this form, please put ATTN: Registrar for FULL TIME STUDENTS.

ATTN: Lisa Denning for CAP STUDENTS

\*\*\*

---

**Liberty Academy**

1195 S. Elk Ridge Drive, Salem, UT 84653

Phone: 465-4434

Fax: 465-7808