

Caniff Liberty Academy

2650 Caniff Street Hamtramck, Michigan 48212

New Student Application Year: 2018-2019

<i>For Office Use Only</i>
Date Stamp _____
Received by _____
Time: _____
Sibling Priority: <u>YES</u> <u>NO</u>
Submitted Before Deadline? <u>YES</u> <u>NO</u>

STUDENT INFORMATION (One Student per Application)

Child's Name _____ Male Female

_____ *Last* _____ *First* _____ *Middle*

Address: _____ City: _____ State: Michigan

Zip Code: _____ Home Phone#: _____ Cell # _____

Date of Birth: _____ Place of Birth (State/Country): _____

Grade Entering: Kindergarten 1st 2nd 3rd 4th
 5th 6th 7th 8th

Name & address of last school attended: School Name: _____

Address _____ City: _____ State: _____ Zip: _____ Phone#: _____

Has your child ever been expelled from another school? Yes No

What language does your child speak at home most of the time? English Arabic Other: _____

Ethnic Group: (OPTIONAL)

African American Alaska Native or American Indian Asian American Arab American
 Hispanic or Latino Native Hawaiian or Pacific Islander White

Name of Legal Parent/Guardian: (PLEASE PRINT) _____

Signature of Parent/Guardian: _____ Date: _____

Sibling – (brother/sister of applicant) List names of a sibling: (Each child must have a separate application for enrollment.)

1. _____ Grade Entering 2018-2019: _____ Birth Date: _____
2. _____ Grade Entering 2018-2019: _____ Birth Date: _____
3. _____ Grade Entering 2018-2019: _____ Birth Date: _____

*****If additional siblings, please list on the back of this application.**



LEGAL PARENT/GUARDIAN INFORMATION

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1.

Parent /Guardian Information: Mother Father Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ Michigan Zip Code _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Emergency Contact Number: _____

Email Address: _____

With whom does the child live with? Mother Father Both

2.

Parent /Guardian Information: Mother Father Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ Michigan Zip Code _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Emergency Contact Number: _____

Email Address: _____

With whom does the child live with? Mother Father Both

How did you first find out about Caniff Liberty Academy

- | | | | |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Billboard | <input type="checkbox"/> Postcard/mailings |
| <input type="checkbox"/> Family | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CLA called me | <input type="checkbox"/> Radio | <input type="checkbox"/> Yellow Pages | |

Space is limited. When the application is received, the date and time will be recorded in the "For Office Use Only" box, and will be the proof that the application was submitted within the New Student Enrollment period. If the number of students applying within the enrollment period exceeds the number of seats available, all new students applying by the deadline will be entered into a lottery, by grade level. Students will be assigned a number and drawn randomly until seats are filled. The remaining student names will be drawn and will be placed on a waiting list in the order in which their names are drawn. As seats become available, these students will be notified of the vacancy and given a reasonable amount of time to decide if they wish to take that vacancy. Should they decline, their name will be removed from the waiting list and should they chose to gain enrollment at CLA at a later date, would be required to begin the enrollment process from the start.

Caniff Liberty Academy is a public school academy. Caniff Liberty Academy does not discriminate on the basis of gender, race, religion, disability or national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs.

Signature of Parent/Guardian: _____ Date: _____ Receipt provided: _____

By signing, I am verifying that the required information I have given is true to the best of my knowledge and that I have read, understand and agree to the terms which are listed in this application.