## **Caniff Liberty Academy**



sibling enrollment.

For Office Use Only	
Date Stamp	
Received by	
Time:	
Form Revised 9/6/2018	

Student ID:		Date of Birth:
Student Name:		
Present Grade: Teacher:		
Address:	City:	Zip Code:
If student information is incorrect		tions
Please check one box		
Yes, my child will be attending	Caniff Liberty Acade	emy for 2019-2020 School Year.
No, my child will not be attendi	-	cademy for 2019-2020 School Year.  *E/seat will be given to the next available applicant.
By signing, I am verifying that the requ understand and agree to the terms wh	-	re given is true to the best of my knowledge and that I have read, f this application.
Legal Parent/Guardian Name (PLEASE	PRINT)	
Signature of Parent/Guardian:		Date:
Best Phone Number to Reach This Pare	ent/Guardian: (	)
It is the parents' responsibility to notify year only.	the school of address	ss and/or phone number changes. Each application is valid for one school
		tion from the main office, and submit with required supporting following due date (mentioned on this form) to be considered for priority

If this application is not received by the last day of re-enrollment, your child will be dropped from the list to allow room for open

enrollment.

IMPORTANT...YOUR CHILD MUST BE IN ATTENDANCE ON THE FIRST DAY OF SCHOOL, or have an excused absence before or on that first day by 12:00 p.m. If your child is not present, the academy will remove your child without notice from enrollment and the opening will be made available to students on the waiting list. (We ask that you tell the Academy if you do not intend to send your child.)

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 schooladministered programs.