



APP	PLICANT'S	INFO	RMA	TION			
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Applicant's Full Name							М
last		first			middle		
Preferred name	Birthdate	/	/	Age		Grade	
Home Address							
Previous Schools Attended				city	state	2	zip
Tevrous serious ritterided							
	FAMILY INF	ORM/	ATIO	N			
Name of Father				Phone			
Address							
Occupation							
Employer Name & Address							
Father's Email Address							
Name of Mother				Phone			
Address							
Occupation							
Employer Name & Address							
Mother's Email Address							
Please list other children in the family:							
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Name		Age_		School			
Name		Age_		School			
Name		Age_		School			
Name		Age_		School			

Briefly describe your child's medica teachers and administrators promote		sical or emotional health information that would help
What are your greatest desires for you accomplish these goals?	our child, and how do you see Lib	perty Hills Academy partnering with you to
		emics, athletics, music, art, hobbies, talents, or other ets does he/she excel, love, or show the most interest?
Please list the names of two people v	who know your child well.	
Name	Phone	Relationship
Name	Phone	Relationship
We authorize Liberty Hills Academy to reque obtained will be held in confidence by Libert		ranscripts and any other requested information. Information nose necessary to the admissions process.
Parent Signature	A no	n-refundable application fee of \$30
Parent Signature	r	nust accompany this application.
Today's Date		

Liberty Hills Academy does not discriminate against any employee, student, employee applicant, or student applicant because of race, creed, color, religion, sex, age, national origin, physical and/or mental disability. Liberty Hills Academy adheres to this non-discrimination policy with respect to all of its policies and programs, including educational programs, employment and admission programs, and all other school-administered programs.