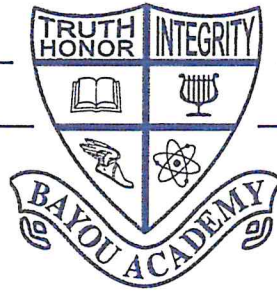


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ESTABLISHED IN 1964



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STRIVING FOR EXCELLENCE

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**WAITING LIST FORM**

DATE \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

STUDENT NAME(S)/GRADE(S) FOR CORRESPONDING SCHOOL YEAR (Please also include each child's date of birth):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOOL(S) CURRENTLY ATTENDING: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

A \$100/FAMILY NON-REFUNDABLE FEE IS DUE WITH THIS FORM.

THIS FORM AND FEE DO NOT GUARANTEE A SPOT FOR THE SPECIFIED SCHOOL YEAR. IT GUARANTEES THAT INTERVIEW AND/OR APPLICATION INFORMATION WILL BE SENT TO YOU. A SPOT IS GUARANTEED ONLY UPON BOARD APPROVAL OF CONTRACT AND ACADEMIC EVALUATION, IF DEEMED NECESSARY. UPON REGISTERING, THE \$100 FEE WILL BE CREDITED TOWARD THE REGISTRATION FEE. ANYONE DECIDING NOT TO ATTEND BAYOU ACADEMY WILL FORFEIT THE \$100 FEE.

THIS FORM MAY BE RETURNED IN PERSON TO THE BAYOU ACADEMY BUSINESS OFFICE (LOCATED IN THE HIGH SCHOOL BUILDING ON THE BAYOU ACADEMY CAMPUS) OR YOU MAY MAIL IT TO P.O. BOX 417, CLEVELAND, MS 38732

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