

WAITING LIST FORM



Date: _____

School Year: _____

Student name(s), grade(s), date(s) of birth for corresponding school year:

Name:

Grade:

Date of Birth:

_____	_____	_____
_____	_____	_____
_____	_____	_____

School(s) Currently Attending: _____

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Phone Number(s): _____

Email 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