

Caprock Academy

Letter of Intent (2008-2009)

Please fill out one sheet per family.

Date _____

Name of Parent(s)/Guardian(s) _____

Address _____ City _____ Zip _____

Phone:
 (day) _____ (home) _____ (work) _____

E-mail address _____

I, _____, hereby state my preference to enroll my child(ren) in Caprock Academy for the 2008/2009 school year.

Full Name of Student	Date of Birth	Grade in Fall 2008	Year of Kindergarten

This letter of intent in no way obligates a student to attend Caprock Academy, nor does it guarantee enrollment. Students will not be considered for enrollment until a parent/guardian has attended an informational meeting.

Parent(s)/Guardian(s) Signature _____

Date _____

Date of Informational Meeting Attended _____

Signature of Caprock Academy Meeting Representative _____

*****Meetings are mandatory, so be sure an CA rep signs this form at the end of the meeting*****

Would you be willing to move your student during the school year? ___ Yes
 ___ No

How did you hear about Caprock Academy?

____Phone book ____Parent/Student ____Driving by ____Newspaper

____Internet _____(list website, please)

____Other_____

For more information: www.caprockacademy.org or phone us at (970) 243-1771.