

CAPROCK ACADEMY 2007-2008 SCHOOL DIRECTORY CONSENT FORM

I hereby give my permission for the following information to be included in the Caprock Academy 2007-2008 School Directory.

My child(ren)'s name/grade level(s):

Address: _____

Telephone number(s): _____

Email address: _____

In signing this consent form, I am stating that I understand each family with a child enrolled in Caprock Academy will receive a School Directory containing this information.

Parent Signature

Date

Please return this form to:
Caprock Academy
PO Box 4237
Grand Junction, CO 81502

Or Fax to: 970-243-3612