

LIBERTY CLUB WAITLIST INTEREST FORM

Please complete the following to the best of your ability and return to Liberty Club/Community Ed 7265 N. Ann Arbor St. Saline, MI 48176

Individual's Information

Name	(First Name)	(Last Name)	Date of Birth	(MM/DD/YYYY)
Address	(Street Address)		(City)	
	(State)	(County)	(Zip Code)	
Coordinator	(First Name)	(Last Name)	Case Number	

Contact Person Information

Name	(First Name)	(Last Name)	Relationship	(Example: Parent, Guardian)
Address	(Street Address)		(City)	
	(State)	(County)	(Zip Code)	
Primary Phone	(xxx-xxx-xxxx)	Alternate Phone	(xxx-xxx-xxxx)	
Primary E-mail	(Example@example.com)	Alternate E-mail	(Example@example.com)	

School And Program Information

Is the individual currently attending school? Yes No

If yes, what level of school? Middle School High School Young Adult Program Other _____

Year of anticipated graduation _____
(YYYY)

Schedule Needs

Are you available year round? Yes No

Which days are you looking for programing? Monday Tuesday Wednesday Thursday

Are you available full days 9:00am-4:00pm? Yes No

If no, please explain _____

Any Additional Information

Notes, referrals, references, IPOS, IEP etc. Please feel free to attach additional documents
