

LIBERTY CHRISTIAN ACADEMY

School Grades 1 - 12

Application for Enrollment

School Term: 2009 - 2010

Student Information

Student's Name: <i>(Last, First)</i>	Male or Female
Student's Name: <i>(Last, First)</i>	Male or Female
Student's Name: <i>(Last, First)</i>	Male or Female
Student's Name: <i>(Last, First)</i>	Male or Female
Street Address:	
City, State & Zip:	
Home Phone Number:	
Family E-Mail Address:	

Parent/Guardian Information

Parent/Guardian Name: <i>(Last, First)</i>	Occupation	
Employer <i>(If self employed, please list name of business)</i>	Work Phone	Cell Phone
Parent/Guardian Name: <i>(Last, First)</i>	Occupation	
Employer <i>(If self employed, please list name of business)</i>	Work Phone	Cell Phone

Additional Family Needs

Are you interested in carpooling?	Yes	No	If so, indicate the nearest intersection:
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If your child is in 1st through 6th grade, are you interested in any of the following?

Before Care?	Yes	No	After Care?	Yes	No	Summer Camp?	Yes	No
<i>Begins at 6:00 a.m.</i>			<i>Closes at 6:00 a.m.</i>					

I am aware that it will be my responsibility to pay tuition, enrollment, applications fees and, if applicable, athletic, graduation, or lab fees: complete required service hours and fundraising requirements.

Father Signature	Date	Mother Signature	Date
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Please include the non refundable \$50 application fee with this form.

This application represents the first step in the process of being considered for enrollment to Liberty Christian Academy. Upon acceptance, you will be asked to complete a full enrollment packet. To ensure LCA placement, submit a non-refundable enrollment fee of \$350.00 per student.

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Student Questionnaire

To be completed by the student: (Parents of younger students may record their child's answers)

Name:

1. Do you want to come to school here?

2. Why?

3. What do you think will be different at LCA compared to your current school?

4. Primarily, whose choice has it been for you to attend here?

Father

Mother

Grandparent

Student

5. What do you think will be different at LCA compared to your current school?

I will follow the procedures and rules outlined in the Student Handbook (www.lcaeagles.com)

With the help of my family, church, and friends, I agree to abstain from:

- Smoking cigarettes
- Listening to secular hard rock and heavy metal music
- Viewing and reading explicit sexual or violent materials
- Participating in cultic group activities
- Premarital sex

Student Signature:

Date:

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Parent Questionnaire

How did you find out about LCA?

Last School Attended:

School Phone:

School Address:

Name of Teacher or Counselor:

Grade Last Attended

Grades Repeated

Special Classes or IEP:

My child usually receives : Grade Average:

A's

B's

C's

D's

F's

Has the student been on academic or behavioral disciplinary suspension or expulsion or similar action at school in the past 5 years?

Please explain:

Student special needs:

List any physical or emotional disabilities:

Does the student wear glasses?

Contacts?

Have any hearing or speech difficulties?

Is the student basically:

Shy?

Outgoing?

Does student have any excessive fears?

Does the student usually get along well with others?

Is the student born again according to Romans 10: 9 - 10?

Is the Father born again?

Is the Mother born again?

Student's Church Home & Pastor:

Parent's Church Home & Pastor:

Student's friends or acquaintances now attending LCA:

Student's special interests and hobbies:

Does the student:

Smoke?

Drink Alcohol?

Use drugs?

Do the parents:

Smoke?

Drink Alcohol?

Use drugs?

Parent Signature:

Date:

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Consent and Request for Release of Information

Student's Name: <i>(Last, First)</i>	Date of Birth:
Name and full address of previous school attended:	Date of Request:

I, the undersigned, do hereby authorize the above named school to release the following information to the institution named below:

- Cumulative permanent school records, including grade reports to-date, attendance records, achievement test scores, etc.
- Birth Certificate Number and Social Security Number
- Health / Immunization Records
- Testing and Evaluation Records
- Recent I.E.P. and Diagnostic Summary if applicable
- Results of the Missouri Constitution Test
- Results of the U.S. Constitution Test
- Any Instructional Management Data
- Disciplinary Records

Above requested items may be sent to:

Liberty Christian Academy
P.O. Box 514
Wright City, Mo 63390

Phone: 636-745-0388
Fax: 636-745-0390

I hereby release said school from any liability for information pursuant to this authorization.

Signed:

Father Signature:	Date:
Mother Signature:	Date:

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Statement of Cooperation

- This statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Liberty Christian Academy (LCA) whether it be in the elementary, junior, or senior high during the 2009 - 2010 school year.
- I / We will support the school by completing a yearly PAL (People Advancing Liberty) application form and completing 20 service hours per family. I / We realize my child(ren) will benefit most from Christian education by supporting the school in various ways (e.g. reading with children, helping with activities, committees, etc.) Field trips and parties do not count towards service hours.
- I / We will support the school's staff, faculty, and board members with prayer.
- Liberty Christian Academy admits students of any race, color, and national or ethnic origin.
- I / We support the Bible teaching and policies of LCA as stated in the Handbook and will not refute them openly at home or in public.
- I / We will fulfill the full financial obligation to the school for this year in application, enrollment, tuition, lab, athletic, and graduation fees, if applicable. I / We understand that the school policy is to make no refunds on application or enrollment fees. I / We will also fulfill the 20 service hours requirement and the \$500 per child yearly fundraising requirement.
- I / We give the school permission for my child(ren) to take part in all school activities including bus trips, sports activities, and school sponsored trips away from the school premises unless stipulated otherwise with appropriate reasons in written forms.
- I / We give LCA permission to photograph my child(ren) during class / activity times for use in the school yearbook, website, brochures, or any other LCA publication.
- I / We believe that discipline is necessary for the welfare of each student as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.
- I / We agree with the school's right to temporarily suspend or expel any student who refuses to comply with or respect its standards and guidelines or to cooperate in the educational process.
- I / We agree to hold the school and its agents harmless for any liability to my child, guardian or parent thereof because of any claims on behalf of my child against LCA or any agent thereof because of any injury or alleged injury to my child.

Student Names:	Grade:	Student Signatures (7th - 12th grade students must sign)

Both parents must sign.

<i>Father/ Guardian Signature</i>	<i>Date</i>	<i>Mother / Guardian Signature</i>	<i>Date</i>