

Liberty Christian Academy

School Grades 1-12

2008-2009 Application for Enrollment New Student(s)

Application Fee \$ 50.00
Enrollment Fee \$ 300.00
Collected: \$ _____
Check # _____
Date _____
Initials _____

Student's Full Name	Male or Female
Student's Full Name	Male or Female
Student's Full Name	Male or Female
Student's Full Name	Male or Female
Street Address	
City, State & Zip	Home Phone Number
Father's Name (Last, First)	Father's Occupation
Employer (If self-employed please list name of business)	Work Phone / Cell Phone
Mother's name (Last, First)	Mother's Occupation
Employer (If self-employed please list name of business)	Work Phone / Cell Phone
Family E-mail Address:	

Please include the nonrefundable \$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 \$300.00 per student. Thank you!

New students must submit the following prior to the first day of school (Most forms are on the website at lcaeagles.com):

- Immunization Record
- Birth Certificate
- Enrollment Packet (Application, 3 page questionnaire, Emergency Medical Form, Permission to Administer Medication, Parental Statement of Cooperation, & Release of Information)
- Financial Policy, Financial Agreement, & Pre-Authorization Payment Consent Form
- PAL Application

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New Parent / Student Questionnaire

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Please complete one for each child

How did you find out about LCA? _____

School Last Attended _____

School Phone _____

School Address _____

Name of Counselor or Teacher _____

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

Please explain _____

Student special needs

List any physical/emotional disabilities

Does student wear glasses? _____ Contacts? _____

Any hearing or speech difficulties? _____

Is student basically: Shy? _____ Outgoing? _____

Does student have any excessive fears? _____

Does student usually get along well with others? _____

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

Student's Church Home: _____ Pastor's Name: _____

Parent's Church Home: _____

Is Father born again? _____

Is Mother born again? _____

Student's friends or acquaintances now attending LCA: _____

Special interests, hobbies _____

Does the student: smoke? _____ Drink alcohol? _____ Use drugs? _____

Do parents: smoke? _____ Drink alcohol? _____ Use drugs? _____

Are you interested in car-pooling? Yes No

If so, indicate the nearest major intersection: _____

Before Care? (K-6) Begins at 6 a.m. Yes No After Care? (K-6) 3:00 – 6:00 p.m. Yes No

Summer Camp? (K-6) Yes No

I am aware of my responsibility to pay tuition, enrollment, application fees and, if applicable, athletic, graduation, or lab fees; complete required service hours and fundraising requirements.

Parent Signature: _____

Date: _____

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

1. Do you want to come to school here?

Why?

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

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

Father _____ Mother _____ Grandparents _____ Students _____

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

5. 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

6. Student Signature: _____

7. Date: _____