

Liberty Christian Academy

School Grades 1-12

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

2008 - 2009 Enrollment Form Returning Students

Father's Name (Last, First)	Father's Work Phone	Father's Cell Phone
Mother's Name (Last, First)	Mother's Work Phone	Mother's Cell Phone
Street Address		
City, State & Zip		Home Phone Number
Family e-mail addresses:		
Please list any custody issues (if more space is needed please use back of this form)		
Family Church		
Pastor's Name		

Students to be enrolled for the 2008-2009 School Year at LCA:

First Name	Last Name	Date of Birth	Gender	Grade to Enter

All returning students:

- 1. Please submit non-refundable enrollment fees of \$300.00 per student with this form. This ensures LCA placement.**
- 2. Items to be submitted prior to the first day of school (Most forms are on the website at lcaeagles.com):**
 - **Returning Student Enrollment Form**
 - **Emergency Medical Form (updated)**
 - **Permission to Administer Medication (updated)**
 - **Financial Policy, Agreement, & Pre-Authorization Payment Consent Form**
 - **Parental Statement of Cooperation**
 - **PAL Application**

Signature of Parent/Guardian Date