



# LIBERTY

CLASSICAL ACADEMY

February 1, 2024

Dear LCA Parents,

We've experienced many new changes in this school year. The big one that comes to mind is that I became the new Head of School. While change can be hard to embrace, I hope that the LCA community has received this transition well. Renee Miller has been mentoring me through this first year. We have made huge strides in the growth of this amazing school. We couldn't have done it without our awesome staff/teachers, partner families, donors, and the dedicated Board of Directors.

We are so thankful for each family that is committed to walk alongside us in a Classical Christian education, and we hope that you will continue with us next year 2024-2025. As we prepare for our next school year, I want to hear from you about your intent to continue.

Attached you will find a letter of intent for your family. Current families have the first chance to re-enroll. Your response will secure your child's place in his/her class and enable our teachers to move forward with planning.

The re-enrollment fee for 2024-2025 covers the cost for you and your spouse to attend LCA's annual Partnering with Parents Conference and Back-to-School Camp for students, August 5 and 6, 2024. Don't miss this joyful time to connect with other parents and prepare for the year.

Letter of intent and re-enrollment fee received by March 15, 2024: \$175/first student and \$125/each additional student. Letter of intent and re-enrollment fee received before March 15, 2024 will receive a \$40 discount for each student.

Liberty Classical Academy makes every effort to provide tuition assistance where needed. Those interested must apply through ACE scholarships <https://www.acescholarships.org/> and is open between Feb. 5<sup>th</sup>-Apr 15<sup>th</sup>. Please consider donating to our scholarship fund to open this opportunity to more students.

Sincerely,

Brian Dow, Head of School



**LIBERTY**  
CLASSICAL ACADEMY

**Letter of Intent  
2024-2025 School Year**

The enrollment fee \$175 for the first student and \$125 per each additional student.  
\$40 per student will be waived, if we receive your intent to continue packet by **March 15, 2024**.

You will remain enrolled in your current track/cohort, Monday/Thursday, or Tuesday /Friday. Changes may be requested but are not guaranteed.

**Please mark the appropriate statement.**

\_\_\_\_\_ It is my intention to reenroll the following children in the Liberty Classical Academy next year.

Names and grade:

amount:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Our family will not be returning to Liberty Classical Academy next year and we therefore give up our priority enrollment status. The reason for the withdrawal is:

Parent Signature: \_\_\_\_\_

Date received: \_\_\_\_\_

Total: \_\_\_\_\_

Amount waived \_\_\_\_\_

Total received \_\_\_\_\_

Please update our contact information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TUITION CONTRACTUAL AGREEMENT  
2024-2025

Liberty Classical Academy

Tuition agreement for (please print here, sign at the bottom of the page):

Parent/Guardian \_\_\_\_\_

If you have multiple children at the school, please indicate which child this agreement pertains to, or check "ALL." If you have separate payment plans for multiple children, a SEPARATE sheet must be turned in for each child:

Student/Attendee \_\_\_\_\_

\_\_\_\_\_ All children under my care that attend Liberty Classical Academy.

There are two options for tuition payment: A full year and a semester plan.

\_\_\_\_\_ FULL YEAR- **2 Day program**-\$4360 per student per year

\_\_\_\_\_ FULL YEAR- **2 1/2 Day Program**-\$5,420 per student per year (available for Rhetoric ONLY)

\_\_\_\_\_ SEMESTER- **2 Day Program** \$4580 per student per year\*

\$458(5 month plan), or \$2,290.00 per semester

\_\_\_\_\_ SEMESTER- **2 1/2 Day Program** \$5640.00 per student per year\*(available for Rhetoric ONLY)

\$564.00 (5 month plan), or \$2,820 per semester

**Tuition Obligation:** Once parents have committed to a payment plan, that full amount is expected to be paid regardless of attendance or reason for leaving. Families will be given a 60-calendar day trial period in which they may withdraw their children for any reason. After the trial period, they will be held responsible for the full program commitment. Please note that for either option, there is NO REFUND for withdrawing a student from the school. Liberty Classical Academy under no circumstance can refund monies nor relinquish the contractual obligations expected of the parents therein for either option noted above.

\*If you are on the semester plan and choose to remove your student from Liberty Classical Academy at semester for any reason, you MUST provide the written withdrawal notice by THANKSGIVING BREAK. If the written withdrawal form is not submitted prior to this date, it is assumed by the school that you have chosen to remain at Liberty Classical Academy and thereby continue automatically into the next semester at that semester payment rate.

Parent signature \_\_\_\_\_

Staff acknowledgment \_\_\_\_\_

# Liberty Classical Academy 2024-2025

## Authorization Agreement for Automated Payments (Debits)

I (we) hereby authorize Liberty Classical Academy to initiate debit entries to my (our) account indicated below from the bank named below, hereinafter called Depository, for the purpose of paying Liberty Classical Academy Fees and Tuition.

<b>Depository (Bank) Name</b>	<b>Bank Branch</b>
<b>City of Depository (Bank)</b>	<b>State and Zip Code of Bank</b>
<b>Routing Number</b>	<b>Account Number</b>

<b>Type of Account: (check one)      <input type="checkbox"/> checking      <input type="checkbox"/> savings</b>	
<b>Type of Draw: (check one below) (Payments will process on the 5<sup>th</sup> of the month)</b>	
<b><u>2-Day Program- \$4360</u></b>	<b><u>2-Day ½ Program- \$5420</u></b>
12 months at \$364      (starting June 5, 2024)	12 months at \$452
10 months at \$436      (starting Aug 5, 2024)	10 months at \$542
9 months at \$485      (starting Sept 5, 2024)	9 months at \$603
 <b><u>Semester 2 Day Program*</u></b>	 <b><u>Semester 2 ½ Day Program*</u></b>
5 months at \$458      (starting Aug 5, 2024)	5 months at \$564

**Enrollment date:** \_\_\_\_\_ **Received:** Y/N **Registration fee applicable:** Y/N

**Parent Name:** \_\_\_\_\_ **Signature of Agreement** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach a voided check with your completed form.

I would like to help make this educational opportunity available to students in need by giving monthly to the scholarship fund. Please add my monthly donation of \_\_\_\_\_ to my monthly tuition payment.

I would like to donate a one-time gift of \_\_\_\_\_.

For office use only

ACH debit chart		
Child(ren)	Tuition/mo	Other
1		
2		
3		
4		
5		
<b>Total per month</b>		

Month	Amount	Status
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
March		
April		
May		

\*applicable fees not included

Final payments will be assessed on May 5, 2025. Early payment will be accepted at any time.

Liberty Classical Academy will debit only school related fees, \*including but not limited to registration, tuition, book, art and late fees. Debits resulting in insufficient funds will be assessed a \$40 late fee per each debit attempt. This authority is to remain in full force until the end of the school year. *The board reserves the right to waive all fees on a per case basis.*

\*Should you sign up for a semester plan, please note which of your students this would apply to and note the semester tuition increase of \$220 per semester.

**Emergency Contact Information  
2024-2025**

(Please complete one per child)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical history: \_\_\_\_\_

In Case of Emergency Contact Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

**Authorization for Emergency Medical Care:**

I/We \_\_\_\_\_, hereby give permission to Liberty Classical Academy staff to call for medical care (911 or other) for my/our child, \_\_\_\_\_ should an emergency arrive. The expenses of ALL medical treatment and care will be accepted by me/us.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Code: \_\_\_\_\_

Policy #: \_\_\_\_\_ Preferred Provider: \_\_\_\_\_

**Authorization for Trips**

I/We give permission for my/our child to go on trips away from the premises of Liberty Classical Academy in the company of a responsible adult, whether by foot or by vehicle.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Handbook Statement**

I/We received the current handbook and agree to adhere to the policies set forth within it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Liberty Classical Academy Publications**

I/We hereby give permission to Liberty Classical Academy to use my child's photo on school publications.

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