



LIBERTY
CLASSICAL ACADEMY

Letter of Intent
2023-2024 School Year

The enrollment fee is \$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 **April 3, 2023**.

Please select your payment method for Re-enrollment

Please mark the appropriate statement.

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

Do you prefer Monday/Thursday	OR	Tuesday /Friday	
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
2023-2024

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**-\$3,960 per student per year

_____ FULL YEAR- **2 1/2 Day Program**-\$4,928 per student per year

_____ SEMESTER- **2 Day Program** \$4444 per student per year*

\$444.40(5 month plan), or \$2,222.00 per semester

_____ SEMESTER- **2 1/2 Day Program** \$5420.00 per student per year*

\$542.00 (5 month plan), or \$2,710 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 _____

Emergency Contact Information
2023-2024

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: _____

Parent/Guardian Signature: _____ Date: _____

Liberty Classical Academy Publications

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Liberty Classical Academy 2023-2024
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.

Depository (Bank) Name	Bank Branch
City of Depository (Bank)	State and Zip Code of Bank
Routing Number	Account Number

Type of Account: (check one) - **checking** **savings**
Type of Draw: (check one)
Payments process on the 5th of every month.

2-Day Program- \$3,960.00		2-Day 1/2 Program- \$4928.00
12 months at \$330	(starting June 5, 2023)	12 months at \$410.66
10 months at \$396	(starting Aug 5, 2023)	10 months at \$492.80
9 months at \$440	(starting Sept 5, 2023)	9 months at \$547.55
Semester plan*		
5 months at \$444.40	(starting Aug 5, 2023)	5 months at \$542

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		
Total per month		

*applicable fees not included

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

Final payments will be assessed on May 5, 2024. 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 any and 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.

