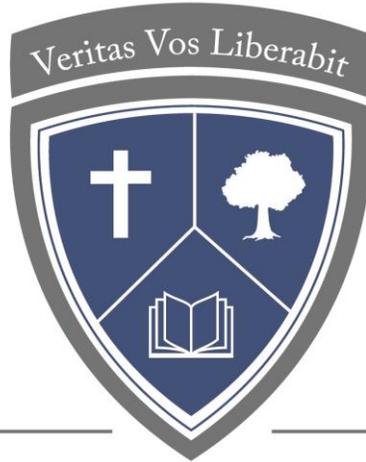


LIBERTY



CLASSICAL ACADEMY

Est. 1997

Date of application: _____

Full Name of Applicant: _____

Address: _____

Date of birth: _____ **Male:** ___ **Female:** ___

Home Phone: _____

Family Information

	Father	Mother
Name		
Home Address		
Home Telephone		
Occupation		
Name of Business		
Email Address		
Work Address		
Work Telephone		
Mobile Telephone		

Marital Status of Parents Together Separated Divorced
 Custody _____ Visitation rights _____

Student lives with _____ Relationship _____

Tuition to be paid by whom? _____

Combined Family Income: (circle one)
 \$0-\$29,000 \$30,000-\$59,000 \$60,000-\$89,000 \$90,000- and higher

Brother and Sisters of Applicant

Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____

Are you applying to Liberty Classical Academy for any of the above siblings?

If yes, which child(ren)? _____

Please list applicant's previous schools starting with the current school.

*Current School _____ Years attended ____ Grades Attended _____

Address _____ Telephone _____

*Previous School _____ Years attended ____ Grades Attended _____

Address _____ Telephone _____

*Previous School _____ Years attended ____ Grades Attended _____

*Previous School _____ Years attended _____ Grades Attended _____

Please explain why you are interested in Liberty Classical Academy. Include materials you have read, lectures attended, and how you heard of the school. Are you acquainted with anyone at the school?

Please describe any special circumstances that have affected or may have affected your child's school experience.

Please describe your child's interests, musical instruments played, special talents, or hobbies.

Has your child received, or is he or she now receiving special tutoring counseling or therapy?
If yes, please explain (include the nature and dates of service – if necessary, attach a detailed explanation).

Please identify any health situations the school should know about, such as diagnosis, allergies, therapies (physical or psychological), or medications.

Has your child ever studied a foreign language? If so, please specify.

What role does media (TV, videos, movies, computer games, etc.) play in your family life?

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**-\$5420 per student per year

_____ 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** \$5,640.00 per student per year*
\$564 (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_____

**Emergency Contact Information
2024-2025**

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 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.

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

Type of Account: (circle one) - checking savings

Type of Draw: (circle one)

Payments process on the

2-Day Program- \$4,360

12 months at \$364

10 months at \$436

9 months at \$485

2-Day 1/2 Program- \$5,420

12 months at \$452

10 months at \$542

9 months at \$602

(starting June 5, 2024)

(starting Aug 5, 2024)

(starting Sept 5, 2024)

Semester plan*

5 months at \$458

(starting Aug 5, 2023)

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		
Total per month		

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 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.

