



LIBERTY

CLASSICAL ACADEMY

January 30, 2025

Dear LCA Parents,

We are so thankful for each family that is committed to walking alongside us in a Classical Christian education, and we hope that you will continue with us next year, 2025-2026. To help us plan effectively for the upcoming school year, we ask that you confirm your family's enrollment intentions.

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.

Attached, you will find a letter of intent for your family. Current families have the first opportunity 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 2025-2026 is \$175 for the first student and \$125 for each additional student. Families who submit their re-enrollment fee by March 14, 2025, will receive a \$40 discount per student.

The re-enrollment fee also 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 4 and 5, 2025. Don't miss this joyful time to connect with other parents and prepare for the year.

Liberty Classical Academy makes every effort to provide tuition assistance where needed. Those interested must apply through ACE Scholarships <https://www.acescholarships.org/>, which is open between February 3 – April 15. 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
2025-2026 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 14, 2025**.

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.

Please select the number of children you will be enrolling.

Name:	Grade:	T-shirt Size:	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

2025-2026

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**-\$4,580 per student per year

_____ FULL YEAR- **2 1/2 Day Program**-\$5,690 per student per year (available for Rhetoric ONLY)

_____ SEMESTER- **2 Day Program** \$4810 per student per year*

\$485(5 month plan), or \$2,405.00 per semester

_____ SEMESTER- **2 1/2 Day Program** \$5,925.00 per student per year*(available for Rhetoric ONLY)

\$595.00 (5 month plan), or \$2,965 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 2025-2026

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 below) (Payments will process on the 5th of the month)

<u>2-Day Program- \$4,580</u>		<u>2-Day ½ Program- \$5,690</u>
12 months at \$382	(starting June 5, 2025)	12 months at \$475
10 months at \$458	(starting Aug 5, 2025)	10 months at \$569
9 months at \$509	(starting Sept 5, 2025)	9 months at \$633

<u>Semester 2 Day Program*</u>		<u>Semester 2 ½ Day Program*</u>
5 months at \$458	(starting Aug 5, 2025)	5 months at \$595

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, 2026. 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 \$230 per semester.

**Emergency Contact Information
2025-2026**

(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.

Parent/Guardian Signature: _____ Date: _____

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