



# LIBERTY CHRISTIAN ACADEMY

A Ministry of Stoney Point Baptist Church

[www.lcknights.com](http://www.lcknights.com)

## APPLICATION FOR ENROLLMENT

Grade Entering \_\_\_\_\_

6548 Rockfish Road  
Fayetteville, NC 28306  
Ph. 910-424-1205  
Fax 910-424-8049

Child's Name \_\_\_\_\_

Last

First

Middle Initial

Social Security # \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Father's Mobile Phone # \_\_\_\_\_

Mother's Mobile Phone # \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any special medical needs or allergies? \_\_\_\_\_ If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has your child repeated any grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Please list the name, address, and phone number of the school your child last attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any behavioral or learning disabilities (such as ADD/LD, etc.) that would interfere with his/her ability to learn? \_\_\_\_\_ If so, please explain:

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Has your child been expelled or dismissed from school in the last 2 years? If so, please explain:

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List the names of other family members (including relationship) who have attended or who are presently attending Liberty Christian Academy:

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Does your child regularly attend church? \_\_\_\_\_ If so, please give the name of the church:

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Any additional information which would be helpful to your child's teacher: \_\_\_\_\_

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Please tell us why you have chosen to place your child at Liberty Christian Academy: \_\_\_\_\_

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Below are the basic principles upon which Liberty Christian Academy stands. A parent who desires their child to attend LCA must support these basic foundations. A parent must initial that they will support these principles prior to their child being enrolled at LCA.

**Biblical Doctrines**

See "Statement of Faith" in the LCA Handbook. \_\_\_\_\_

**Issue of Morality and Conduct**

We believe in the Sanctity of Life for the unborn, the elderly, and the infirmed; moreover, we believe that marriage is a sacred institution ordained by God between one man and one woman. \_\_\_\_\_

I will support all the policies contained in the LCA Handbook. I understand that the recurrent or unrepentant immoral behavior, on the part of the student or parent, will be grounds for dismissal from Liberty Christian Academy. \_\_\_\_\_

**Areas of Parental Responsibility**

I will participate in my child's education through the teaching and training of Christian principles and by being a role model through consistent Christian living. I will support the school through prayer. \_\_\_\_\_

I will participate in my child's education by assisting him/her with homework, projects, papers, etc. \_\_\_\_\_

I will support the school financially by paying my school bill, the Administrative Fee/Capital Improvement Fee of \$350 per student, per year (this replaces the two major fundraisers and includes yearbook), and all other fees on time. \_\_\_\_\_

Due to contractual obligations with teachers, I agree to pay a \$500 withdrawal fee for my child if I withdraw him/her from June 1<sup>st</sup> to May 1<sup>st</sup>, unless withdrawal is due to military orders or by request of the LCA Administration. \_\_\_\_\_

I understand that my child's attendance at Liberty Christian Academy is a privilege and not a right. If at any time his/her conduct, academic progress, or cooperation with school authorities is not in keeping with the school's requirements, the school reserves the right to withdraw my child from Liberty Christian Academy.

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

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

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

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

## Emergency Information

In case of accident or serious illness, I request the school to contact me. If unable to reach me, I authorize the school to call the physician listed on the first page of this document and follow his/her instructions. If the physician is unavailable, the school may make the necessary arrangements for the child.

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

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

## STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY

I recognize that attendance at Liberty Christian Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child(ren) both in the classroom and during other school related activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and the way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy.

I further understand that Liberty Christian Academy policy prohibits refunds of registration fees, testing fees, book fees, or the first tuition payment.

In the event that a Liberty Christian Academy photographer or videographer takes a picture of my child, either individually or in a group, I give my permission for my child's picture to be used in future brochures, websites, videos, DVDs, or other publications of Liberty Christian Academy.

I give permission for my child to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), bus trips, sports activities on the premises of Liberty Christian Academy, and Academy sponsored trips away from the Academy premises. I indemnify and save Liberty Christian Academy, its employees and agents harmless from and against any claims, demands, causes of actions, liability, medical payments, costs and attorneys' fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that Liberty Christian Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Understanding and Waiver of Liability signed and updated and delivered to Liberty Christian Academy.

This Statement of Understanding and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends Liberty Christian Academy, whether it be in the kindergarten, elementary, junior-senior high, or summer school. Any reference herein to "child" shall include and refer to all of the children listed on this application, or others to be enrolled in the future.

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