



LIBERTY CHRISTIAN SCHOOL

A Ministry of Liberty Baptist Church
3864 Guess Road ▪ Durham, North Carolina 27705
(919) 471-5522

2017-2018 Re-Enrollment Application

ABOUT THE STUDENT

Student's Name _____ Enrolling in Grade _____
Last First MI

Street Address: _____

City: _____ State: NC Zip Code: _____

Home Phone (_____) _____ - _____ Student's Cell Phone (_____) _____ - _____

Student's Email _____

Insurance Company: _____ Policy Number _____

Will you be driving to school? Yes No

If no, beside your parents, who else will be picking you up and how is he/she related to you?

Name	Relationship	Phone Number

ABOUT THE FATHER

Father's Name _____
Last First MI

Father's Cell Phone (_____) _____ - _____ Father's Email _____

Father's Employment _____ Father's Work Phone _____

ABOUT THE MOTHER

Mother's Name _____
Last First MI

Mother's Cell Phone (_____) _____ - _____ Mother's Email _____

Mother's Employment _____ Mother's Work Phone _____

ABOUT THE FAMILY

List any siblings that will be attending Liberty Christian School with you in 2017-2018.

Name	Enrolling in Grade

STATEMENT OF COOPERATION

I hereby make application for re-enrollment to Liberty Christian School. I understand and agree that Liberty Christian School will make no refunds of tuition or fees.

If I leave before the end of the term for any reason whatsoever (either voluntary withdrawal or expulsion), I will owe full tuition and fees for the term. In the event of said termination, I will not expect transcripts or other school records to be released until full payment is made. This agreement carries over from year to year. I agree to give cheerful and ready obedience to and cooperate with the spirit and regulations of the school.

As parent or legal guardian of the above applicant, I agree to cooperate with Liberty Christian School in the enforcement of the rules and regulations of the institution, and to meet their terms of the agreement about expenses, business details, etc. as outlined by Liberty Christian School.

I give permission for my child to participate in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's effort to train my child in the Bible and will encourage my child in this and in all other phase of instruction. I agree to pay any and all legal costs should I ever cause any action that results in proceedings or litigation for Liberty Christian School, its officers or agents. I pledge not to interfere with the school in the efforts to discipline my child in accordance with the school's standards. I agree that Liberty Christian School has permission to have my child transported to a medical facility, and Liberty Christian School may authorize the physician of its choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

I have read and agreed with the "Statement of Cooperation" and the school handbook.

Father Signature

Mother Signature

Date

7-12th GRADE STUDENTS ONLY

I agreed to live in accordance with the standards and requirements outlined in the Student Handbook.

Student Signature

Date