Please list any pertinent information that may relate to the mental, social, physical, or spiritual growth of your child. (Ex. Death of a close relative, divorce or separation, child abuse, mental disabilities, etc.)

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FOR OFFICE USE ONLY

DOCUMENTS	RECEIVED	DATE
Application		
Birth Certificate	□ Yes □ No	
Immunization Records	□ Yes □ No	
Medical Form	□ Yes □ No	
Enrollment Fee	□ Yes □ No	
Transcript Requested	□ Yes □ No	
Transcript Received	□ Yes □ No	
Interviewed	□ Yes □ No	
Accepted	□ Yes □ No	
Signed Handbook Page	□ Yes □ No	

LIBERTY CHRISTIAN SCHOOL

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

2017-2018 Enrollment Application

ABOUT THE STUDENT

Legal Name: _____
First Middle Last

Preferred Name: _____ Sex: □ Male □ Female

Date of Birth: _____ Age: _____ Social Security #: _____

Grade Entering in 2017-2018: _____ School Presently Attending: _____

Street Address: _____

City: _____ State: NC Zip Code: _____

Email Address: _____

Home Phone: ( ) _____-_____ Cell Phone: ( ) _____-_____

ABOUT THE PARENTS

Parents Marital Status: □ Married □ Widowed □ Divorced □ Separated

Name of Father: _____

Street Address: □ *Same as Student* _____

City: _____ State: NC Zip Code: _____

Email Address: _____

Place of Employment: _____

Work Phone: ( ) _____-_____ Cell Phone: ( ) _____-_____

Name of Mother: _____

Street Address: □ *Same as Student* _____

City: _____ State: NC Zip Code: _____

Email Address: _____

Place of Employment: _____

Work Phone: ( ) _____-_____ Cell Phone: ( ) _____-_____

ABOUT THE SIBLINGS

Name	Age	Grade	School Attends

ABOUT YOUR CHURCH

Name of Church You are Attending: _____

Pastor's Name _____

Church Phone Number: ( ) _____-_____

Are You a Member? □ Yes □ No

Attend Sunday School Faithfully? □ Yes □ No

Attend Sunday Morning Service Faithfully? □ Yes □ No

Attend Sunday Evening Service Faithfully? □ Yes □ No

Attend Mid-Week Service Faithfully? □ Yes □ No

Do you desire that your child be trained in the principles of the Word of God? □ Yes □ No

Do you as parents profess faith in Jesus Christ for eternal salvation? □ Yes □ No

ABOUT YOUR INSURANCE

Do you have medical insurance? □ Yes □ No

Insurance Company _____ Policy # _____

TO BE COMPLETED BY THE PARENTS

If you answer yes to any of the following questions, please explain. You may use a separate sheet of paper.

Please explain why you wish to enroll your child at Liberty Christian School? _____

_____

_____

_____

How were you referred to LCS? _____

Has your child attend LSC previously? □ No □ Yes _____

Has your child ever used alcohol, tobacco, or drugs? □ No □ Yes _____

Has your child ever been suspended or expelled? □ No □ Yes _____

Does your child take prescription medicine regularly? □ No □ Yes _____

Has your child been hospitalized in the last year? □ No □ Yes _____

To your knowledge, does your child have any metal or emotional disorders? □ No □ Yes _____

Does your child have any physical limitations or allergies? □ No □ Yes _____

Do you have any reservations about any of our school policies or procedures? □ No □ Yes _____

Will you be paying your child's school tuition in full by August 1, 2017? □ No □ Yes

If no, who will be responsible for your child's school bill through FACTS (See attached)?

_____ _____

Name/Relationship Email

STATE MENT OF COOPERATION

I hereby make application for admission to Liberty Christian School. Upon completion of an interview and acceptance, the enrollment fee is due with the understanding that the fee will be retained to cover the cost of processing my application. 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".

_____ _____ _____

Father Signature Mother Signature Date