



# APPLICATION PACKET

## Kindergarten – 5<sup>th</sup> Grade

*Kindergarten applicants must be 5 years old by July 31<sup>st</sup>*

### PLEASE COMPLETE THE FOLLOWING:

Applicant's Name \_\_\_\_\_ Gender \_\_\_\_\_

Grade Applying For \_\_\_\_\_ Date of Birth \_\_\_\_\_ Academic Year Applying For \_\_\_\_\_

### FOR OFFICE USE ONLY:

#### Required Forms:

- \_\_\_\_\_ Application Fee (\$25.00 – check or money order only)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Documented "head to toe" Physical Exam & TB clearance which includes Department of Education's Student Health Record
- \_\_\_\_\_ Signed Financial Agreement
- \_\_\_\_\_ Signed Statement of Faith
- \_\_\_\_\_ Signed Handbook Acknowledgement

*Christian Liberty Academy admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin, gender, or disability in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

**Revised: 4/16**

APPLICATION FOR ADMISSION TO ELEMENTARY SCHOOL

**GENERAL INFORMATION:**

Today's date _____		Grade to Enter _____		Year 20 _____ - 20 _____	
Child's Legal Name _____					
Last		First		Middle	
Gender _____	Age _____	Birth Date _____		Home Phone _____	
		Month	Day	Year	
Mailing Address _____					
Street		City		State	Zip
Primary Email Address _____					
Secondary Email Address _____					
Father's Name _____			Occupation _____		
Work Phone (    ) _____		Cell Phone (    ) _____		Marital Status _____	
Mother's Name _____			Occupation _____		
Work Phone (    ) _____		Cell Phone (    ) _____		Marital Status _____	
Student lives with _____					
Legal Guardian if other than parents: <b><i>(Please submit appropriate custody documentation)</i></b>					
_____			_____		
Name			Relationship		

**SCHOOL HISTORY:**

School(s) previously attended:	
	Year _____ Grade _____
	Year _____ Grade _____
Reason for leaving former school: _____	
How did you hear about Christian Liberty Academy? _____	
Check any of the following that may apply to your child:	
____ ADD (Attention Deficit Disorder) _____ LD (Learning Disability) _____ SE (Special Ed.)	

**SIBLING INFORMATION:**

Name	Age	Gender	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church you attend \_\_\_\_\_ Pastor \_\_\_\_\_

**NEW PARENT QUESTIONNAIRE:**

The following information is needed for our school records. Please be thorough and accurate.

1. Why do you want your child to go to Christian Liberty Academy?
  
2. How did you hear about Christian Liberty Academy?
  
3. Has your child had any academic difficulty in school? If so, please explain the areas of difficulty.
  
4. Has your child had any discipline problems in school in the last two years? If so, please describe the nature of the problems in detail and include complete information of detentions, suspensions, expulsions, etc.
  
5. Has your child had any prolonged absence from school in the last two years? If so, please explain.

**NEW PARENT QUESTIONNAIRE (continued):**

6. Does your child have any physical or emotional problems that may affect attendance or behavior?  
If so, please explain.

7. Please describe your child's special interests, skills, hobbies, sports, special awards and achievements. Please include involvement in any other organizations, clubs, etc.

8. How often does your child attend church? Regularly\_\_\_\_ Occasionally\_\_\_\_ Never \_\_\_\_

Which church does your child attend (if applicable)?

9. To get better acquainted with your child, please use the space provided to include any additional student information which would benefit both administration and faculty.

## STATEMENT OF FAITH

We (Christian Liberty Academy) ascribe to the following Protestant creed in belief and practice:

I believe in the inspiration of the Bible, both the Old and New Testaments; the creation of man by the direct act of God; the incarnation and virgin birth of our Lord and Savior Jesus Christ; His identification as the Son of God; His vicarious atonement for the sins of mankind by the shedding of His blood on the cross; the resurrection of His body from the tomb; His power to save men from sin; the new birth through the regeneration by the Holy Spirit; and the gift of eternal life by the Grace of God.

I/We understand that this is what the school believes, and I/we are willing to have these beliefs taught to my/our child/children.

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Parent Signature

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Parent Signature



## FINANCIAL POLICIES

1. An application fee of \$25.00 is due with new applications. This fee is non-refundable. Currently enrolled students may communicate their intent to re-enroll by returning a Letter of Intent along with a 100.00 registration fee (per child) in March. To be considered for re-enrollment a family MUST return this Letter of Intent and registration fee.
2. A non-refundable Comprehensive Fee is due each year in order to secure your child's spot. For currently enrolled students the due date is May 1<sup>st</sup>. For new students this non-refundable fee is due upon receipt of acceptance letter.
3. All families are required to pay a one month's tuition deposit in July of each year. This fee is held as a deposit until the month of May, or the student's last month of school. Monthly tuition payments are made in ten (10) equal payments, July through April.
4. Tuition payments must be received by the first of each month. A \$15.00 late fee will be charged for each payment received after the 5th working day of each month. Failure to make payment by the 15<sup>th</sup> day of the month constitutes withdrawal of student from school.
5. A written one-month advance notice is required for withdrawal from school for any reason. Failure to give such notice will result in forfeiture of any prepaid tuition. Notice of early withdrawal from school must be given in writing by March 1st. Families failing to give notice prior to March 1<sup>st</sup> will be held responsible for tuition through the remainder of the term.
6. Refund policy:
  - a. The application fee is non-refundable.
  - b. The Comprehensive Fee is non-refundable.
  - c. Any unused tuition fees are refundable up to March 1st of term contingent upon a 30-day written notice. No tuition fees will be refunded after March 1st.
  - d. No tuition will be refunded for days or weeks missed due to illness or vacation.

## FINANCIAL AGREEMENT

In signing this agreement, I acknowledge that I have read the above Financial Policies and agree to abide by it. I agree to pay the appropriate fees according to the schedule outlined. I agree to the monthly payment of tuition, which is due on or before the first of each month, July through April. If this Agreement is placed in the hands of a collection agent or attorney for collection, or if suit is brought for the collection here of, the undersigned agrees to pay, in either case, the cost of collection hereof, including a reasonable attorney fee.

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Parent's Signature

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Date

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Student's Nam

# Department of Education STUDENT'S HEALTH RECORD

Student Address Label

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
 Birthdate: Month [ ] Day [ ] Year [ ] [ ] [ ]  
 Parent's Name (Mother/Legal Guardian) \_\_\_\_\_ (Father/Legal Guardian) \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Female  Preschool: Entry Date / /  
 Male  Elementary: Entry Date / /  
 Intermediate/Middle: Entry Date / /  
 High: Entry Date / /

**MEDICAL STATUS**

Allergy (type)  Cancer/Leukemia  Hearing Problems  Hypertension  Seizures  Vision Problem   
 Asthma  Chronic Cough/Wheezing  Heart Disease  JRA Arthritis  Sickle Cell Anemia   
 Behavioral Problems  Diabetes  Hemophilia  Rheumatic Heart  Skin Problems

**PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE**

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes)	See Results Below	Provider's Signature	Provider's Stamp or Printed Name
						R.	L.	R.	L.																			
/ /																												
/ /																												

**TUBERCULOSIS EXAMINATION**  
**MANTOUX TEST (INTRADERMAL)**

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
/ /	/ /		
/ /	/ /		

**CHEST X-RAY**

Date	Results	Location

**DENTAL EXAMINATION**

Date	Check-Up
	/ /

**IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)**

Vaccine	Type	Date	Date	Date	Date	Date	Date
	<b>DTaP, DTP, DT, Tdap or Td</b>	Type	/ /	/ /	/ /	/ /	/ /
<b>Polio (IPV or OPV)</b>	Type	/ /	/ /	/ /	/ /	/ /	/ /
<b>Hib (Haemophilus influenzae type b)</b>	Type	/ /	/ /	/ /	/ /	/ /	/ /
<b>Pneumococcal Conjugate</b>	Type	/ /	/ /	/ /	/ /	/ /	/ /
<b>Hepatitis B</b>	Type	/ /	/ /	/ /	/ /	/ /	/ /
<b>MMR</b>	Date	/ /	/ /	/ /	/ /	/ /	/ /
<b>Hepatitis A</b>	Date	/ /	/ /	/ /	/ /	/ /	/ /
<b>Other</b>	Type	/ /	/ /	/ /	/ /	/ /	/ /
<b>Other</b>	Date	/ /	/ /	/ /	/ /	/ /	/ /

\*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic \_\_\_\_\_





### SPECIAL CARE PLAN FOR A CHILD WITH ALLERGY

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Emergency Phone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Primary Health Provider Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Specialist's Name (if any): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Description of Allergy: \_\_\_\_\_

Describe what signs/or symptom look like: \_\_\_\_\_

Describe known triggers: \_\_\_\_\_

Describe treatment: \_\_\_\_\_

Possible side effects: i.e.: no peanut products allowed

Program modification: \_\_\_\_\_

When to call parent/health provider regarding symptoms or failure to respond to treatment: \_\_\_\_\_

When to consider what condition requires urgent care or reassessment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_