



ENROLLMENT FORM

Date: _____ For School Year: _____ - _____

Name of Parents: _____
Last Husband's First Name Wife's First Name

Home Address: _____
Street City ZIP

Mailing Address (if different): _____

Home Phone: _____ Email: _____

Cell Phones (Mother / Father): _____

Father's Employer / Work Phone: _____

Mother's Employer / Work Phone: _____

Name of Church: _____ Do you attend regularly? _____

CHILDREN INFORMATION

(Please list all children living in your home)

First / Last Name	Gender	Birthdate	Age	Grade (as of September)	Name of School (if not a LCA student)

REGISTRATION/TUITION FEES

Registration fee for new families: \$40

Full Member Tuition – if paid in full at Fall Parent Meeting:
 1st Child: \$120 2nd Child: \$80 3rd Child: \$40

Full Member Tuition – if paid after the Fall Parent Meeting:
 1st Child: \$150 2nd Child: \$100 3rd Child: \$50

Additional children are free.

HOME SCHOOL LEGAL DEFENSE ASSOCIATION

Are you currently a member? _____ If so, what is your renewal date? _____

If not, please fill out an HSLDA application and return to Liberty Christian Academy with this form or reapply/apply online at www.hslda.org. When filling out the HSLDA application, use group #299509 and pay a reduced rate of \$95/year.



ENROLLMENT FORM

Name of Parents: _____
Last
Husband's First Name
Wife's First Name

* * * * *

OFFICE USE ONLY

School Year: _____ - _____ Date Entered: _____

Accountability Credits

Registration Packet Recd:	Handbook Recd
HSLDA# Anniv:	Roster
Birth Certificate Recd	Record Keeping
Health	Calendar Recd
Transfer Cum Records Recd	Cum

Notes: _____
