



## 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 <small>(as of September)</small>	Name of School <small>(if not a LCA student)</small>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### REGISTRATION/TUITION FEES

Registration fee for new families: \$40

Full Member Tuition – if paid in full at Fall Parent Meeting:  
 1 Child: \$200                      2 Children: \$250                      3 or more Children: \$300

Full Member Tuition – if paid after the Fall Parent Meeting:  
 1 Child: \$250                      2 Children: \$300                      3 or more Children: \$350

### 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](http://www.hslda.org). When filling out the HSLDA application, use group #299509 and pay a reduced rate of \$115/year.

