



Why are you transferring your child from his/her present school?

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Describe briefly any special extra-curricular interests, hobbies, talents or aptitudes this child has:

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Has your child ever repeated or skipped a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give grade and reason:

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Does your child have any learning challenges or learning disabilities documented by an IEP, 504 Plan, or other professional assessment(s)? If so, please explain below and provide a copy of the assessment with this application. (*\*If the above requested documents are not available until receipt of your student's CA-60 file they will be reviewed by Libertas Christian School Administration to determine if the school is able to provide the necessary resources for this student. Admission may be impacted based on the IEP, 504 Plan or other professional assessments that are contained in the CA-60 file.*) **Please initial and date as noted.** \_\_\_\_\_(Father) \_\_\_\_\_(Mother)

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Has your child ever been dismissed, suspended, or struggled with authority? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain.

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When \_\_\_\_\_ Name of School \_\_\_\_\_

### **Parent or Guardian Information**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address if different than Student's \_\_\_\_\_  
Street City Zip

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address if different than Student's \_\_\_\_\_  
Street City Zip

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_



**Other Data**

Why are you choosing Libertas Christian School for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can your family enrich the culture and learning environment of our school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To best serve your child, please indicate if he or she has any special or unique needs: food allergies, or medical concerns/medications, etc.

No special needs \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children in family \_\_\_\_\_ Older siblings \_\_\_\_\_ Younger siblings \_\_\_\_\_

Are there other school-age children in your family? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list child(ren)'s name, age, and school they attend (if other than Libertas Christian School).

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please secure and attach to this application:**

- A copy of the student's last report card(s)
- Any documents related to special services for the student such as: Individual Educational Plan (I.E.P) and/or behavioral reports from the student's file.

*I certify this Student Admissions Application to be true and accurate.*

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_