



RE-ENROLLMENT FORM 2018-2019 Academic Year

Student Full Name:

Grade Level for

2018-2019 Academic Year:

By signing this Re-Enrollment Form, the undersigned (“**You**”) hereby requests Liberty Classical Academy (“**LCA**”) to re-enroll the **Student** in **LCA** for the 2018-2019 academic year and further agrees that all terms and conditions of the **Continuous Enrollment Contract** previously entered by **You** (“**Enrollment Contract**”) with respect to **Student** are and shall remain binding and effective on **LCA**, **Student** and **You** in accordance with its terms.

By signing this Re-Enrollment Form, **You** and the **Student** further agree to be bound by and comply with all of the terms and conditions set forth in the **Enrollment Contract** and by any and all rules and regulations of **LCA** as stated in written communications which are from time to time issued by **LCA** to **You** and/or the **Student**, including without limitation the guidelines and policies set forth in the *Liberty Classical Academy All School Policy Manual*, as the same may be amended by **LCA** at any time and from time to time (“**Handbook**”) which may be revised from time to time by **LCA**, at **LCA**’s sole and absolute discretion.

Notwithstanding the foregoing, **LCA** reserves its rights to withhold or deny re-enrollment (or terminate enrollment) of the **Student** for breach of the **Enrollment Contract** by **You** and/or as set forth in the **Handbook**.

I am the Parent or Guardian who is financially responsible for the Student named above:

Signature *Date*

Printed Name

Accepted for Liberty Classical Academy by:

Signature *Date*

Headmaster

Please direct any questions to the Director of Finance at finance@libertyclassicalacademy.org.



RE-ENROLLMENT FORM
2018-2019 Academic Year

Title

OFFICE USE ONLY

Received By: _____

Date Received: _____