



NOTICE OF ENROLLMENT RENEWAL DECLINATION For “Opt-Out” period March 1-31

Student Full Name: _____

Current Grade: _____ Enrollment Year: _____

Please check the applicable box below:

- Student is terminating enrollment and will not be returning.
- Student is undecided about renewal of enrollment and terminates continuous enrollment at this time.*

*If you are currently undecided as to next year’s enrollment, please contact the Assistant Headmaster once you have reached a final decision. Undecided Students will be entitled to register for classes once enrollment is confirmed through receipt and acceptance of the Enrollment Renewal Form by Liberty Classical Academy, which is required to re-enter the Continuous Enrollment Contract. **Please note that a processing fee of \$100 per student will be assessed with the Enrollment Renewal Form upon returning.**

What initially attracted you to Liberty Classical Academy? What are the primary reasons you enrolled your child(ren) here? (please rank top 3: 1=most important, 2=very important, 3=important)

_____ Rigorous Academics _____ Faith-Based Environment _____ Small Class Sizes
 _____ Classical Curriculum _____ Sports / Social Activities _____ Convenient Location
 _____ Other: _____

Please rate how well Liberty met your expectations in the following areas:
(1=did not meet expectations; 5=exceeded expectations)

Quality of Academics	1	2	3	4	5
Christian Instruction	1	2	3	4	5
Classroom Management and Discipline	1	2	3	4	5
Social Activities and Athletics	1	2	3	4	5
Overall Satisfaction of LCA’s Program	1	2	3	4	5

Additional comments: _____

What did you observe that worked well here at Liberty? _____



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What things did you notice that did not work quite as well? _____

Was a single event or factor responsible for your decision to leave? No Yes
If yes, please describe. _____

Would you consider ever returning to Liberty? Yes Maybe No
What factors would need to be in place for you to return? _____

Would you recommend Liberty to your friends? Yes No

Check here if you would like a follow-up call from the Assistant Headmaster to further discuss your comments. Otherwise, thank you for your candid feedback. Your comments will help us to continually improve our efforts.

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

Headmaster

Date

OFFICE USE ONLY

Received By: _____

Date Received: _____

Probationary Opt-Out

Liberty Classical Academy is placing student on academic, behavioral, or financial probation and terminates continuous enrollment at this time.

Type of Probation: _____ Headmaster Signature: _____ Date: _____