



STUDENT APPLICATION

FOR OFFICE USE ONLY

Date rec'd _____

Cash/Check # _____

Rec'd by (Initial) _____

FACTS confirmed _____

Testing date _____

Actual start date _____

LIBERTY CHRISTIAN ACADEMY
 10447 Refugee Road Pataskala, Ohio 43062
 Phone: 740-964-2211 Fax: 740-964-2311

Name: First _____ Middle _____ Last _____ Gender _____

Date of Birth _____ Birthplace _____ Grade _____

Address _____ Zip _____

Home Phone _____ Child lives with: Father _____ Mother _____ Both _____

Public School District the student resides in _____

School last attended _____

Will you be applying for the Ohio Ed. Choice Program? Yes No

Have you ever been retained? Yes No If yes, state grade and a brief explanation:

Name(s) and Grade(s) of siblings currently enrolled at Liberty _____

Date you plan to begin at Liberty _____

Academic and Church Information:
 Have you ever been expelled or suspended? Yes No If so, please give details including the principal's name on a separate sheet of paper.

Church attending _____

Church address _____

Pastor's Name _____

Family Information: Parent's Marital Status: M S D Person responsible for account: _____

E-mail address for school communication _____

Billing Mailing Address _____ Zip _____

Father's Name _____ Cell # _____

Father's Employment _____ Work # _____

Mother's Name _____ Cell # _____

Mother's Employment _____ Work # _____

Guardian (if applicable) _____

Home Phone _____ Cell # _____ Work # _____

Emergency Contact _____
 (other than parent)

Home Phone _____ Cell # _____ Work # _____