

**Libertas Academy**

Ph. 813-964-1779

This application with most recent report card, standardized test scores, and reference form are required before admission is processed. All new students will be tested and interviewed with parents. Upon acceptance, registration fee is due where applicable.

**Names of Children Applying for Admission.**

Please list the oldest child to youngest, using your children's full legal names.

If a student is entering Kindergarten, please indicate whether they participated in a VPK Educational Program the prior school year.

Full Legal Name	Date of Birth	Sex	Grade Entering	VPK	School now Attending
1.				Y / N	
2.				Y / N	
3.				Y / N	
4.				Y / N	

*Information requested but not required for enrollment (used for statistical purposes only):* Ethnic Origin:

Caucasian  African American  Hispanic/Latino  American Indian  Asian/Pacific Islander other \_\_\_

**Siblings:** Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Father's Home Address:**

**Mother's Home Address:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

If different from above

If different from above

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Name and Address of Living Grandparents (please include all first names):**

Name: \_\_\_\_\_ Send school mailings: Yes No

Mr. & Mrs.  Rev.  Dr.  Mr.  Mrs.  Miss  Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Send school mailings: Yes No

Mr. & Mrs.  Rev.  Dr.  Mr.  Mrs.  Miss  Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Church Currently Attending:**

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**Tuition Payment**

I will be paying the student's tuition. Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Street

City

State

Zip

I understand that non-payment of tuition and failure to return all properties belonging to Libertas Academy will result in student's records being withheld.

1. Please list schools attended since kindergarten:

School	Address/State/Zip	Dates	Grades Completed

2. If homeschooled, submit portfolio and report card.

3. Why do you desire to enroll this student at Libertas Academy?

4. Has this student repeated any grade?  No  Yes If yes, which grade? \_\_\_\_\_

5. Has this student ever been referred, diagnosed, or treated for any of the following:  ADD  ADHD  LD or any other physical or emotional issue that can help us understand their educational needs?  No  Yes

If yes, please explain: \_\_\_\_\_

6. Is your child currently under treatment for any of the above or under any type of school accommodation plan?

NO  YES

If yes, please explain: \_\_\_\_\_

Libertas Academy is not staffed to handle children with serious learning disabilities or behavioral issues. Children with severe learning disabilities (e.g., Down's Syndrome, blindness, deafness) will not be admitted to Libertas Academy due to lack of adequate staff, funding, and facilities. Children with less severe disabilities (e.g., ADD, ADHD, dyslexia) will be given instruction and encouragement reasonably consistent with their classmates, and they will be required to meet the same academic standards as all the other children in the grade.

7. Has this student ever been dismissed from any school?  No  Yes If yes, please explain: \_\_\_\_\_

8. In what extracurricular activities is your child interested?

9. How did you hear about Libertas Academy? \_\_\_\_\_

**Joint-Custodial Or Non-Custodial Parental Information: (circle which, if applicable – Joint or Non-Custodial)**

Father  Stepfather  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother  Stepmother  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check all boxes that apply for joint or non-custodial parent(s):

Emergency contact  Send Mail  Publish Phone  Receive Report Card  Can pick up student  Print on Reports

**If a court order is in place, please submit a copy to the school office.**

Libertas Academy admits Students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on basis of race, color, national or ethnic origin in the administration of educational polices, admissions policies, scholarship and loan programs, athletic or other School administered programs.