

Application for Enrollment



2026-2027

For office use only

Current Transcript/Report Card

Date/Time

Grade Enrolled

Reg Fee Paid

Birth Certificate (Kindergarten)

LEARN Academy documents

Immunization Record

Grade Entering

Last Name		First Name		Middle Name	
Home Address			City		Zip
Birthplace		Student Cell Number		Date of Birth	Age Male Female
ALTERNATE CONTACTS: (NOT PARENTS)	Name #1		Phone ()		Relationship to Student
	Name #2		Phone ()		Relationship to Student
School Last Attended		Address			
Has your child been retained in a grade before? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:					
If your child has had any disciplinary or emotional problems in school, please explain.					
Has your child ever been in trouble which led to contact with the police or juvenile authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain.			
Does your child have a learning difficulty, IEP, or 504 Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> ALL resource services require additional LEARN Academy enrollment and fees Elect to Enroll in LCS L.E.A.R.N. Academy Yes <input type="checkbox"/> No <input type="checkbox"/> All Documentation must be submitted with this application					
Church currently attending			Church email		
Father (or Male Guardian) Name			Work Phone ()		Cell Phone ()
Occupation/Company Name			Father's E-mail		
Mother (or Female Guardian) Name			Work Phone ()		Cell Phone ()
Occupation/Company Name			Mother's E-mail		
(Circle one) Marital Status: Married Divorced Separated Single Parent			If child is not living with both mother and father please explain with whom he/she lives:		
Please state the reasons why you wish your child to attend Liberty Christian:					

(over please)

Permission and Release 2026-2027



Parent/Guardian Permission to Participate

•I hereby give my permission for my child(ren) to engage in activities at Liberty Christian School. This consent extends to participation in all educational, athletic and group activities, including school sponsored field trips away from the school premises.

Statement of Cooperation/Release of Liability/Assumption of Risk

- I give permission for my child's likeness to be used in various media and advertising.
 - I understand that the standards of Liberty Christian School do not tolerate, by student, parent or family member, profanity or obscenity in word or action, dishonesty or disrespect to personnel of the school.
 - I understand that as a ministry of CrossPoint Church, it is the aim of Liberty Christian School to lead students to a saving knowledge of Jesus Christ and to develop Christian character in their lives.
 - I understand that I must maintain complete support and cooperation with Liberty Christian School in order for my child to remain enrolled in Liberty Christian School.
 - I understand and agree to authorize Liberty Christian School to employ such discipline as it deems wise and expedient for my child.
 - Realizing that my attitude toward the personnel and policies of Liberty Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals of the school and will abide by the discipline and regulations of Liberty Christian School.
 - I understand that, in the event of a conflict with Liberty Christian School or its employees, I will not pursue legal action in the court system. I will attempt to resolve the conflict in a Biblically based manner by going to the appropriate individual and then their supervisors. Any conflict settled outside of the school or church will be settled by a mutually agreed upon Christian Conciliation service in Orange County, CA.
- I understand that there are certain dangers, hazards, and risks inherent in educational activities, and have signed this document in full recognition and appreciation of the dangers of these activities, which dangers include, but are not limited to, physical injuries (minimal, serious, catastrophic) and/or property loss or damage. I assume this risk and take on all responsibilities in any activities associated with Liberty Christian School. In consideration of, and in return for, the service, facilities and other education provided to students by Liberty Christian School, I, along with any of my assignees, heirs, and legal representatives release Liberty Christian School, CrossPoint Church and all personnel, employees, tutors, teachers, directors, and officers of these entities, from any and all liability, claims and actions that may arise from injury, harm or death to my student and from loss or damage to my student's property in connection with these activities. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act by these individuals and entities, including but not limited to negligence, mistake, or failure to supervise by these individuals or entities or any of their personnel, employees, tutors or teachers.

Financial Agreement

I affirm that I am financially capable of maintaining my enrollment for my child(ren) for the entire school year. I understand that if my payments are past due for more than 30 days, my child may not be allowed to attend school. If I withdraw my child(ren) while owing tuition, fees, or other charges, I give the school permission to withhold school records until all tuition and fees are paid.

I understand that if I need to withdraw my child(ren) from Liberty Christian School, I must give the school office a written 30 DAY NOTICE. I am responsible for 30 days of tuition from the date of that notice or a \$500 withdrawal fee (whichever is less) regardless of the date of my child's withdrawal or my child's enrollment status.

Signature of authorized parent or guardian is required



MEDICAL RELEASE OF LIABILITY

Student _____

Parent/Guardian Medical Release:

I hereby authorize Liberty Christian School personnel or authorized parties acting on behalf of the school to administer emergency medical treatment (first aid) to my child if it is deemed necessary and appropriate to preserve or aid the health and/or well being of my child. I further authorize Liberty Christian School personnel or authorized representative's thereof, that should it be deemed necessary and appropriate to secure emergency medical treatment beyond that which can be reasonably administered at the school or a school function, to contact and engage medical personnel qualified to administer necessary and appropriate emergency medical treatment to my child or transport my child to a facility that can administer appropriate medical treatment. In such cases I consent to the treatment of my child by emergency physicians or other professionally licensed health care providers as determined necessary to provide emergency medical care to my child. I understand and agree that I will be financially responsible for any and all expenses incurred in the treatment of my child. I understand that anytime emergency medical care becomes necessary or transportation to a medical care facility is necessary, Liberty Christian School personnel will make every effort to contact me as appropriate and without jeopardizing the care or treatment of the child.

I also understand that accident and medical insurance will be maintained for my child by me during the calendar year.

Parent Signature _____ **Date** _____

Parent Printed Name _____

Emergency Contact and Medical Information for Student

Child's Name	Date of Birth M F
	Gender
Parent's/Guardian's Name	Parent's/Guardian's Name
Cell Phone # Work Phone # () () Address City, State Zip Code	Cell Phone # Work Phone # () () Address City, State Zip Code

Alternative Emergency Contacts

#1 Emergency Contact: Relationship to student: Cell Phone # Work Phone # () ()	#2 Emergency Contact: Relationship to student: Cell Phone # Work Phone # () ()
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Medical Information

Hospital/Clinic Preference	
Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Is there any reason the student cannot participate in normal playground or athletic activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

Allergies/Special Health Considerations/Physical, Emotional, or Social Limitations:

Current Medications: (If current medications change during the school year, please contact the school office.)

Recommendation Form

(For Admission to Liberty Christian School)



I. Student & Application Information

- **Student's Full Name:** _____ **Grade Level Entering:** _____
- **Parent's Name:** _____

Confidentiality & Waiver: The information provided in this form will be held in the utmost confidence and used solely for the purpose of evaluating the applicant. We appreciate your straightforward and honest answers.

II. Recommender Information & Context

- **Recommender Name:** _____
- **Title/Role (e.g., 8th Grade History Teacher, Youth Pastor):** _____
- **School/Organization Name:** _____
- **Email:** _____ **Phone:** _____

A. Relationship Context

- **How long have you known the applicant and in what capacity?** (e.g., "I have been their Science Teacher for 2 years," or "Their Sunday School Teacher for 5 years.")
- **Compared to other students you have taught/known at this level, how would you rate this student's overall potential for success at a demanding school?**
 - ☐ Truly Exceptional (Top 1–2% of peers)
 - ☐ Excellent (Top 5–10% of peers)
 - ☐ Very Good (Top 25% of peers)
 - ☐ Satisfactory (Above Average)
 - ☐ Average/Below Average
- Please check the applicant's primary interests as you know them.
☐ Artistic ☐ Religious ☐ Intellectual ☐ Athletic ☐ Musical ☐ Literary ☐ Scientific ☐ Social
- To your knowledge, has the applicant ever been dismissed or refused admission from a school for any reason?
If yes, please explain. ☐ Yes ☐ No

III. Quantitative Assessment: Character & Personality Traits

Please assess the applicant relative to other students you have known at this age/grade level. Select the option that best describes the student for each characteristic.

Trait Category	Excellent	Good	Average	Concern/Poor	Not Observed (N/A)
Spiritual Life	<input type="checkbox"/> Deeply spiritual, shows marked growth.	<input type="checkbox"/> Shows consistent growth	<input type="checkbox"/> Average spirituality, occasional evidence of growth.	<input type="checkbox"/> Small or no interest in spiritual growth.	<input type="checkbox"/>
Initiative	<input type="checkbox"/> Anticipates needs, resourceful.	<input type="checkbox"/> Shows good initiative.	<input type="checkbox"/> Average, takes occasional initiative, requires some direction.	<input type="checkbox"/> Requires constant supervision.	<input type="checkbox"/>
Responsibility	<input type="checkbox"/> Thoroughly dependable, capable of much responsibility.	<input type="checkbox"/> Usually reliable.	<input type="checkbox"/> Shows some dependability.	<input type="checkbox"/> Irresponsible, careless.	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/> Sought after by others, well-liked.	<input type="checkbox"/> Liked by others.	<input type="checkbox"/> Just tolerated by others.	<input type="checkbox"/> Avoided by others.	<input type="checkbox"/>

IV. Qualitative Assessment (Short Answer/School-Specific)

- Specific Example of Character:** Please provide a **specific anecdote** that illustrates the applicant's integrity, Christian maturity, or resilience (e.g., how they handled a setback, conflict, or moral choice).
- School Fit:** Liberty Christian School emphasizes a strong personal relationship with God and Christian conduct.
 - Is this the kind of atmosphere into which the applicant would fit? ☐ Yes ☐ No
 - Would he/she want to be here? ☐ Yes ☐ No
 - Would he/she support the school and its program? ☐ Yes ☐ No
- Areas of Concern:** Have you ever had occasion to question the applicant's moral character or integrity (including dishonesty, cheating, or questionable behavior)? ☐ Yes ☐ No
If Yes, please explain:
- Learning Needs:** Does the applicant have any specific learning problems, diagnosed conditions, or require special academic accommodations? ☐ Yes ☐ No
If Yes, please explain:

V. Overall Recommendation

On the basis of your complete knowledge of the applicant, do you:

- ☐ **Highly Recommend** (Top 1–2% of students I know)
- ☐ **Recommend Enthusiastically** (Top 5–10% of students I know)
- ☐ **Recommend** (Solid student, meets expectations)
- ☐ **Recommend with Reservations**
- ☐ **Do Not Recommend**

VI. Signature and Submission

Recommender Signature: _____

Date: _____

How do you know the student? (Pastor, Teacher, Friend, etc.) _____

Submission Instructions: Please return this form directly to the Liberty Christian School Admissions Office via email or mail. **Do not return this form to the student or parents.**

Self-Supplement Form

Date: _____



The Self-Supplement Form is to accompany the application form for students 7th-12th grade. This is to be filled out BY THE STUDENT.

- | | | |
|--|----------------|--|
| 1. Full Name: | | Nickname: |
| 2. Age: | Date of Birth: | Grade upon entering: |
| 3. Do you have any plans for your future career? | | If so, please explain: |
| 4. Have you won any special prizes or awards in school? | | If so, please explain: |
| 5. Have you held any offices in school or church groups? | | If so, please explain: |
| 6. Do you play a musical instrument? | | If so, which: |
| 7. Are you interested in playing on an athletic team? | | If so, which sport(s): |
| 8. What activities do you like to do in your free time? | | |
| 9. Have you accepted Jesus Christ as your personal Savior? | | If so, please explain the circumstances: |
| (over please) | | |

Self-Supplement Form (cont.)

10. What is important to you about your Christian faith and why?

11. Do you attend church regularly? YES <input type="checkbox"/> NO <input type="checkbox"/>		Church Name:	
Church address:		City:	Zip:
Phone number:		Are you a member?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Which services do you attend?			
<input type="checkbox"/> Saturday / Sunday worship <input type="checkbox"/> Weekly Bible study <input type="checkbox"/> Youth activities			

12. Is it your personal desire to attend Liberty Christian School?	Please explain:
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13. If you are accepted as a student at Liberty Christian School, do you promise to abide by the rules of the school and to use your influence to protect the good name of the school, it's buildings, and property?

Student Signature	Date
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LIBERTY CHRISTIAN SCHOOL

7661 Warner Avenue, Huntington Beach, CA 92647

Phone: 714-842-5992 Fax: 714-848-7484

info@libertychristian.org

REQUEST FOR STUDENT RECORDS

(Parents: Please fill out and return to Liberty Office)

To: Records Office/Registrar

School Last Attended: _____

Address: _____

Email (preferred) or Fax # _____

The following student(s) who formally attended your school has enrolled in Liberty Christian School. Please accept this document as formal approval for the release of all official school records (including cumulative file, an official signed transcript, all testing information, official special education file, current health record, and immunization records), per school official's request. *Disregard if this is a duplicate request or if the cumulative file has already been sent.*

Student Name	Birthdate	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you,

Registrar
Liberty Christian School

Request Made:

1st _____ Fax Email
2nd _____ Fax Email
3rd _____ Fax Email
Called _____

0 5 7 1 7 2 5 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

2025 - 2026

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, digitally or telephone. I agree to the following due date:

Your school allows the following due date(s):
1, 10

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):
1, 10

PLEASE DEBIT MY:

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR

☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY:

☐ AMEX

☐ DISCOVER

☐ MASTERCARD

☐ VISA

CREDIT CARD NUMBER

EXPIRATION DATE

A 3.12%% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan N	Payment(s) 11	Jul - May
Plan R	Payment(s) 11	Aug - Jun
Plan S	Payment(s) 10	Sep - Jun
Plan T	Payment(s) 10	Aug - May

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE:
☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

<input type="text"/>	STUDENT TUITION 1	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 2	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 3	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 4	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY TUITION SUBTOTAL

\$

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE

\$

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE ____/____/____

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. ENTER FAMILY INFORMATION: Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. SELECT A PAYMENT METHOD: If you choose to pay by mail, you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9-digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management cannot process automatic payments if the routing number is missing.

JOHN SMART
123 Smart Street
New York, NY 10004

No. 0123
01-23456789

Date _____

Pay to the
Order of _____ \$ _____

SMART BANK
New York, NY 10004

DOLLARS

Memo _____

0123456789 01234567890123 0123

9 Digit Routing Number (required) Bank Account Number (required)

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. SELECT A PAYMENT PLAN: Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. ENTER STUDENT INFORMATION: Please write the name(s) and grade(s) of the child/children who will attend this school.

5. PLEASE READ AND SIGN: Please review the Terms and Conditions. The Primary Bill Payer must sign the form.

TERMS AND CONDITIONS

By enrolling in Blackbaud Tuition Management, you are agreeing to our Terms and Conditions that can be found at the link below or by scanning the QR code.

[Blackbaud Terms and Conditions](#)



Blackbaud Tuition Management & Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

**Please return completed form
to your school immediately.**

**If you have any questions regarding
this form, contact Blackbaud Tuition
Management at:**

1-888-868-8828

parent.blackbaud.school