

Application for Enrollment



2026-2027

Grade Entering

For office use only

Current Transcript/Report Card

Date/Time

Grade Enrolled

Reg Fee Paid

Birth Certificate (Kindergarten)

LEARN Academy documents

Immunization Record

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 # () Address City, State Zip Code	Work Phone # ()	Cell Phone # () Address City, State Zip Code
	Work Phone # ()	

Alternative Emergency Contacts

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

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	[] Deeply spiritual, shows marked growth.	[] Shows consistent growth	[] Average spirituality, occasional evidence of growth.	[] Small or no interest in spiritual growth.	[]
Initiative	[] Anticipates needs, resourceful.	[] Shows good initiative.	[] Average, takes occasional initiative, requires some direction.	[] Requires constant supervision.	[]
Responsibility	[] Thoroughly dependable, capable of much responsibility.	[] Usually reliable.	[] Shows some dependability.	[] Irresponsible, careless.	[]
Acceptance by Others	[] Sought after by others, well-liked.	[] Liked by others.	[] Just tolerated by others.	[] Avoided by others.	[]

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: _____



L I B E R T Y
CHRISTIAN SCHOOL

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 NO

Church Name:

Church address:

City:

Zip:

Phone number:

Are you a member?

YES NO

Which services do you attend?

Saturday / Sunday worship Weekly Bible study Youth activities

12. Is it your personal desire to attend Liberty Christian School?

Please explain:

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, its buildings, and property?

Student Signature

Date



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

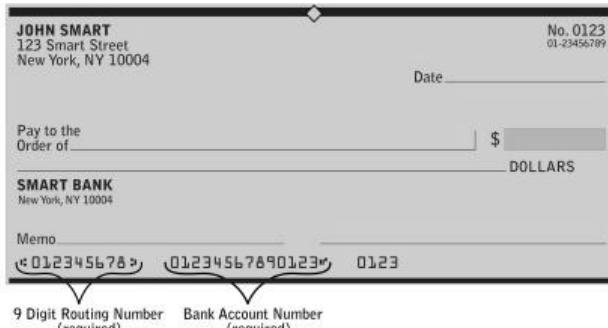
Called _____

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.



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