

# LIBERTY CHRISTIAN SCHOOL

*“Lighting the Way for the Next Generation of Leaders”*



## APPLICATION FORM 2020 - 2021

Please fill out the Application Form and return it to Liberty with your  
\$20 Application Fee/per student.

### SECTION A: STUDENT INFORMATION

*Student Name: Last First Middle*

1. \_\_\_\_\_ Birth Date \_\_\_\_\_

Male \_\_\_ Female \_\_\_ New Student \_\_\_ Returning Student \_\_\_ Grade to Enter \_\_\_\_\_

2. \_\_\_\_\_ Birth Date \_\_\_\_\_

Male \_\_\_ Female \_\_\_ New Student \_\_\_ Returning Student \_\_\_ Grade to Enter \_\_\_\_\_

3. \_\_\_\_\_ Birth Date \_\_\_\_\_

Male \_\_\_ Female \_\_\_ New Student \_\_\_ Returning Student \_\_\_ Grade to Enter \_\_\_\_\_

4. \_\_\_\_\_ Birth Date \_\_\_\_\_

Male \_\_\_ Female \_\_\_ New Student \_\_\_ Returning Student \_\_\_ Grade to Enter \_\_\_\_\_

### SECTION B: FAMILY INFORMATION

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Student Email \_\_\_\_\_

Where does the family regularly attend church? \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
Mother's Cell Phone

\_\_\_\_\_  
Father's Cell Phone

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Father's Email Address

Do you have internet access in your home?  
Does your child(ren) have access to a laptop,  
tablet, or phone for research at home?

Yes       No

Yes       No

Applicant lives with (check any that apply)

(Check any that apply)

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

Father  
 Stepfather

Parents separated  
 Parents divorced  
 Child is adopted

Legal Guardian, if other than the parents:

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**SECTION C: NEW AND/OR TRANSFER STUDENTS**

Student: \_\_\_\_\_  
Name of Current or Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

Student: \_\_\_\_\_  
Name of Current or Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

**SECTION D: FINANCIAL INFORMATION**

Financially Responsible Party for School Bill: \_\_\_\_\_

Billing Address (if different from parent address): \_\_\_\_\_

Payment Plan Choice:    \_\_\_\_\_ Monthly    \_\_\_\_\_ Bi-Monthly    \_\_\_\_\_ Pay in Full

(Please refer to the LCS Financial Worksheet for more details)

**SECTION E: SIGNATURES**

**We agree to meet our financial obligation for the 2020-2021 school year.**

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Father's Signature/Guardian Date

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Mother's Signature/Guardian Date

**SECTION F: REFERRAL/Optional**

**Where did your family hear about LIBERTY CHRISTIAN SCHOOL?**

Advertisement: \_\_\_\_\_ Website: \_\_\_\_\_

Our family was referred by: \_\_\_\_\_

Other: \_\_\_\_\_

**Liberty Christian School  
6027 60<sup>th</sup> Ave.  
Chippewa Falls, WI 54729  
715-723-0336  
LibertyChristianWI@gmail.com  
LibertyChristianWI.org**