

CHRISTIAN LIBERTY ACADEMY

ENROLLMENT FORM

Please print in BLOCK LETTERS.

Date of Application: _____ [] Female
Student Name: _____ [] Male

Family First Middle

Address in Suriname: _____
Email: _____ Telephone: _____

Date of Birth: _____ Place of Birth: _____
Day Mo. Yr. City/Town Country

Nationality: _____ Language(s) spoken in the home: _____
Language(s) spoken by student: _____

Student's Religion: _____

If Christian, church denomination: _____

Member Yes No Baptized Yes No Age of Baptism: _____

Previous schools of student beginning with most recent:

1. School: _____
Address: _____
Level/Grade Completed: _____ Date Attended: _____
2. School: _____
Address: _____
Level/Grade Completed: _____ Date Attended: _____

Does he or she have any serious illness, handicap or allergy? _____
Family doctor's name, address and telephone: _____

Father's Name: _____
Family First Middle

Employer: _____ Address: _____
Phone: _____ Father's Religion: _____

Mother's Name: _____
Family First Middle

Employer: _____ Address: _____
Phone: _____ Mother's Religion: _____

Are parents living together? _____
How did you hear about this school? _____
Why do you want your child educated at Christian Liberty Academy? _____

IMPORTANT: Please read carefully.

This school is a Christian school operated as a ministry of Caribbean Christian Ministries. The school teaches all subjects from a Christian perspective and uses the following creeds as standards: the Westminster Confession of Faith (1646) and the Belgic Confession of Faith (1561). Do you agree to have your child taught these historic Christian doctrines and the resulting lifestyles? _____

This school intends to have strict, moral and godly discipline and seeks to give appropriate punishment for breaking school rules. This may include spanking, if necessary, and restitution in case of vandalism or theft. Parents will be notified of all significant disciplinary actions taken and the reasons. Do you agree with this policy? _____

Rules are set down by the school for the school as a whole and for individual classrooms. Parents must require their students to abide by the rules of the school. If at any time persistent disregard for these rules exists, the students will be dismissed from this institution. Do you understand this? _____

Unless previous arrangements are made with the Administrator, all payments for your child's education must be made at the beginning of each month your child is enrolled. **Tuition is paid for twelve months of the year.** Upon acceptance of the student, an advance payment equivalent to two (2) months of the current school fee must be paid. After acceptance, should the student decide not to attend this school for any reason, this advance will be forfeited. The advance payment will be applied to the LAST TWO payments of the LAST school year your child is enrolled, providing that we are notified by April 1. **If the student should be dismissed from school or should leave for any reason during the school year, then the two-month advanced payment will be forfeited.** In the case of fee increases, the advance payment will also be increased to be equal to two months of the new tuition. Any exceptions to the above policies will require prior, written approval of the Administrator.

Do you understand and agree with this? _____

Financial assistance will be considered if requested to the Administrator and sufficient reason and evidence of need are provided. All work agreements or other agreements for financial help must be carried out as agreed upon. If commitments are not kept, the normal fee must be paid.

The school has the right to dismiss any students for non-payment of fees, continued unexcused absences, consistent failure to follow school rules, laziness in his or her studies, lack of cooperation on the part of parents or guardians, or any other reason which the school feels is sufficient.

The school has the right to limit enrollment of students to those which it feels best will allow it to provide the highest quality of Christian education possible.

Please return this application
by emailing it to:

CLA Administration
administration@cla.reformation.edu

I have read the above, agreed with it, and hereby
apply for the above named student.

Signed

OR Bring it personally to:
Christian Liberty Academy
Kasabaholoweg #8, Uitvlugt
Paramaribo, Suriname
<https://goo.gl/maps/mBkDXVGGvBMGvx3g9>

Print Your Name

Telephone: 430643/ 530113
Fax: 491986

Date