

**FREEDOM LIFE ACADEMY**

**STATEMENT OF COOPERATION**

In making application for my child, it is my desire to have him/her receive quality training in a good Christian atmosphere. In addition, I realize that attendance at Freedom Life Academy is a privilege and not a right. Whenever my child or I refuse to cooperate with the spirit of the school or its rules, I realize that I will be asked to withdraw my child.

I give Freedom Academy permission for my child to take part in all school activities, including bus trips and school-sponsored trips away from the school premises. Moreover, I absolve Freedom Life Academy of any liability for my child because of any injury at school or during any school activity.

Should legal action, for any reason, be taken against Freedom Life Academy or any employee or agent thereof, on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Freedom Academy or its agent should incur to defend itself against such action.

I also believe that discipline is necessary for the welfare of each student, as well as, for the entire school. I give permission for my child’s teacher and/or agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

I understand that all fees are non-refundable. I have read the financial policies and agree to pay my tuition on time. I understand that the school cannot educate my child alone and, therefore, it is my desire to attend all parent functions and other events that would support the school in the education of my child.

**I HAVE READ THE STATEMENT OF COOPERATION AND WILL ABIDE WITH THE POLICIES SET FORTH.**

Father’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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