

**FREEDOM LIFE ACADEMY - Virtual**

**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 understand that communication is key in the FLA Virtual format and needs to occur frequently between my child(ren) and the teacher. I will provide the necessary equipment and be sure that my child(ren) has a suitable space for working.

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 do my part in order for my child(ren) to be successful.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_