



# CHRISTIAN LIBERTY ACADEMY

Dr. Philip E. Bennett, *Superintendent of Schools*  
Mr. Thad Bennett, *Headmaster*  
Mr. John Benz, *Chaplain*  
Mrs. Donna Morrison, *Guidance Counselor*  
Mr. Peter Held, *Dean of Academics*

*A MINISTRY OF THE CHURCH OF CHRISTIAN LIBERTY SINCE 1968*

## ***Shadow Request Form***

Dear Parents,

Thank you for your interested in Christian Liberty Academy. Please fill out this form and let us know what day you're interested in visiting with us.

Student's Name: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Does the above student receive any type of Special Education Services? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

I, the undersigned hereby give my child permission to attend Christian Liberty Academy on the above noted date. I understand that Christian Liberty Academy will only allow students who are considering attending Christian Liberty Academy next year to visit. My signature further absolves the school of any liability concerning my child while he/she is on the school premises. I also understand that my child must comply with Christian Liberty Academy's code of dress and conduct, or be asked to leave.

Parent/Guardian Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Office Use Only;

Authorization: \_\_\_\_\_

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

Visiting with: \_\_\_\_\_