

LANDMARK CHRISTIAN SCHOOL APPLICATION FOR STUDENT ADMISSION

2017 2018

4000 Creighton Road, Richmond, VA 23223 Phone: (804) 644-5550 Fax: (804) 644-5557

OFFICE USE				
App Fee	Birth Cert			
Reg Fee	SS Card			
WB Fee	MCH-213F			
Transcpt	Immuniz			
•	Physical			

APPLICATION DATE	= //	Тн	IS APPLICATION IS	FOR:	
□4 YEAR-OLD; □	KINDERGARTEN;	□1 st – 12 th	GRADE APPLYING F	or L	AST GRADE COMPLETED
		<u>Pl</u>	EASE PRINT		
STUDENT INFORMA	TION				
Last Name:			Goes By Name		
First Name:			Birthdate:/	/ Ag	e: Sex:
Middle Name:			Place of Birth:		
Address:			School Last Attend	ded:	
City	State Z	ip	Home Phone:		
FAMILY INFORMATI	ON				
Father's Name:			Cell Phone:		
Address (if different) _				Email:	
Employer:		Positio	on:	Phone:	
Mother's Name:			Cell Phone:		
Address (if different) _				Email:	
Employer:		Positio	on:	Phone:	
Parent's Marital Statu	s: Married	Widow	Divorced	Remarri	ed Separated
Does child live with bo	oth parents?	If not, indica	ate with whom the ch	ild lives:	
Other children in the f					
Name(s)		_ Age		School	
		_			
CHURCH INFORMA	TION				
Church Attending					
Member: Yes	No Pa	stor's Name:			
Address			City	S	State Zip
How often to you atte	nd church? □Rea	ular (weekly)	□Fairly regular (m	onthly)	Seldom (special occasions)

SCHOLASTIC & DISCIPLINARY INFORMATION (attach additional paper if needed)
Has your child ever been expelled, dismissed, suspended, or refused admission to another school? If yes, explain:
Has your child ever had any disciplinary difficulties? If yes, explain:
Has your child ever been in trouble with the law, arrested, etc.? If yes, explain:
Has your child ever used tobacco, alcohol, or drugs of any kind? If yes, explain:
Has your child ever been moved ahead or held back a grade in school? If yes, explain:
Is your child currently following an I.E.P. at their present school? If yes, explain:
Has your child ever been diagnosed with any learning disability? If yes, explain:
How did you hear about Landmark Christian School?
COOPERATION AGREEMENT I have read the current <i>Parent/Student Handbook</i> and understand the information concerning the school policies and rules, and I have explained to my child the contents. We agree to abide by the rules and standards stated in the <i>Parent/Student Handbook</i> in order to maintain a cooperative relationship. In the event of a behavior problem concerning my child, I agree to abide by the guidelines stated in the school handbooks. If I become dissatisfied with LCS in any respect, I will not sue, or make threats to sue this ministry, make demands, make any kind of accusation or complaint, or actually litigate any matter whatsoever relating to or resulting from the enforcement of the guidelines, but will try to resolve the matter with the person or persons involved or withdraw my child from LCS immediately. To do otherwise would be a clear violation of biblical teaching and practice.
By completing and submitting this form, I agree to pay the non-refundable/non-transferable application fee with this application AND within 30 days, the non-refundable/non-transferable registration fee. I understand that tuition payments are made in ten monthly payments, with the first payment (non-refundable) due by August 1, and the last due by May 1. If payments are made after the 15 th of the month, I agree to pay in cash or money order only. I understand that students who register after June 1 must pay the registration fee upon completion of the pre-entrance test. By signing this application, I am authorizing the school to withhold report cards and other records until my tuition and other fees have been paid and my account is up to date.

Date

Signature of Parent or Legal Guardian