



**LANDMARK CHRISTIAN SCHOOL
REGISTRATION FORM**

2017 – 2018

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

OFFICE USE

Re-enroll Fee _____ Reg Fee _____

Resource Fee _____

REGISTRATION DATE ____/____/____ THIS REGISTRATION IS FOR:
 KINDERGARTEN; 1ST – 12TH GRADE _____ LAST GRADE COMPLETED _____

PLEASE PRINT

STUDENT INFORMATION

Last Name: _____ Goes By Name _____
First Name: _____ Birthdate: ____/____/____ Age: _____ Sex: _____ Race: _____
Middle Name: _____ Home Phone: _____
Address: _____ City _____ State _____ Zip _____

FAMILY INFORMATION

Father's Name: _____ Cell Phone: _____
Address (if different) _____ Email: _____
Employer: _____ Position: _____ Phone: _____
Mother's Name: _____ Cell Phone: _____
Address (if different) _____ Email: _____
Employer: _____ Position: _____ Phone: _____
Parent's Marital Status: Married _____ Widow _____ Divorced _____ Remarried _____ Separated _____

Does child live with both parents? _____ If not, indicate with whom the child lives: _____

Other children in the family:

Name(s) _____ Age _____ School _____

CHURCH INFORMATION

Church Attending _____
Member: Yes _____ No _____ Pastor's Name: _____
Address _____ City _____ State _____ Zip _____

How often to you attend church? Regular (weekly) Fairly regular (monthly) Seldom (special occasions)

MEDICAL/PHYSICAL INFORMATION (attach additional paper if needed)

Does your child have any physical disabilities? _____ If yes, explain: _____

Is your child presently on any type of medication regularly? _____ If yes, explain: _____

Does your child have any allergies that need to be addressed? _____ If yes, explain: _____

EMERGENCY CONTACTS

In case the parents cannot be reached in an emergency situation, please list two other people for the school to contact:

Name	Relationship to student/family	Primary phone	Secondary phone
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Name	Relationship to student/family	Primary phone	Secondary phone
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COOPERATION AGREEMENT

I have read the current *Parent/Student Handbook* 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 *Parent/Student Handbook* 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 re-enrollment fee with this registration form 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 15th 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 at the same time that this form is submitted. By signing this registration form, 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.

Signature of Parent or Legal Guardian Date

Signature of person responsible for account (if different) Address Home Phone Cell Phone