



**LANDMARK CHRISTIAN SCHOOL  
APPLICATION FOR STUDENT ADMISSION**

**2019 – 2020**

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** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS APPLICATION IS FOR:**

**4 YEAR-OLD;**     **KINDERGARTEN;**     **1<sup>ST</sup> – 12<sup>TH</sup>**    **GRADE APPLYING FOR** \_\_\_\_\_    **LAST GRADE COMPLETED** \_\_\_\_\_

**PLEASE PRINT**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ Goes By Name \_\_\_\_\_  
First Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ School Last Attended: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

**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 do you attend church?     Regular (weekly)     Fairly regular (monthly)     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: \_\_\_\_\_

---

**GENERAL INFORMATION**

How did you hear about Landmark Christian School? \_\_\_\_\_

If you were referred by one of our current LCS families please give that person's name. \_\_\_\_\_

Reason for selecting Landmark Christian School? \_\_\_\_\_

---

**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 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<sup>th</sup> 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.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date