



**LANDMARK CHRISTIAN SCHOOL**  
**REGISTRATION FORM**  
**2019 – 2020**  
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:		
<input type="checkbox"/> 4 YEAR-OLD;	<input type="checkbox"/> KINDERGARTEN;	<input type="checkbox"/> 1 <sup>ST</sup> – 12 <sup>TH</sup> 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)

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

\_\_\_\_\_

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***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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***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 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 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.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of person responsible for account (if different) Address