



**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:

4 YEAR-OLD;  KINDERGARTEN;  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 do you attend church?  Regular (weekly)  Fairly regular (monthly)  Seldom (special occasions)

