



# Landmark Christian Academy

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## STUDENT ENROLLMENT APPLICATION 2017-2018

*Landmark Christian Academy exists to assist parents in the God-given responsibility of educating their children and training them to love God first and to live productive, godly lives of service for His glory.*

**CIRCLE GRADE ENROLLING: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12**

**If enrolling in K3 – K5, please circle the half-day or full-day program desired: Half Day / Full Day**

*Students enrolling in K3, K4, or K5 must turn 3, 4, or 5 years old respectively by August 1st in order to enter that respective grade.*

*Does your kindergarten student meet this age requirement?*  Yes  No

Desired Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

**STUDENT'S LEGAL NAME:** \_\_\_\_\_ **Called By:** \_\_\_\_\_

Address: \_\_\_\_\_ *Please Print* City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  Male  Female

Place of Birth (City/State): \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Address of Prior School: \_\_\_\_\_

Ethnicity:  Caucasian  African American  American Indian  Asian  Hispanic  Other

Name of Church You Attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Student Attends Church:  All Services  Weekly  Frequently  Seldom  Never

### NAMES OF SIBLINGS ATTENDING/ENROLLING IN LCA:

### HOW DID YOU HEAR ABOUT LCA?

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  LCA Website  Drive-By

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  Other: \_\_\_\_\_  Southwest Festival

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  Referral: \_\_\_\_\_

*Please list the name of the person who referred you to LCA.*

### NAME OF PARENT(S)/GUARDIAN STUDENT LIVES WITH:

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **LCA Alumnus?**

**Employer:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

*(If different than above.)*

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **LCA Alumnus?**

**Employer:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

*(If different than above.)*

**Student Lives With:** \_\_\_\_\_ **If student is not living with both parents, please check the applicable reason:**

\_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other (*Please explain on reverse.*)

### OTHER PARENT/GUARDIAN INFORMATION FOR OUR RECORDS:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (TO BE CONTACTED IF PARENTS CANNOT BE REACHED):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_



# Landmark Christian Academy

**Please answer the questions below and provide an explanation if the answer to any of the following questions is "YES."**  
*Use space below if needed for explanations.*

	<b>Explain</b>	
Has an application ever been submitted to LCA for this student?	No _____	Yes _____, _____
Has the student repeated any grade? If so, what grade?	No _____	Yes _____, _____
Has the student ever been dismissed or suspended from any school?	No _____	Yes _____, _____
Does the student have any behavioral problems?	No _____	Yes _____, _____
Does the student have any physical disabilities?	No _____	Yes _____, _____
Does the student have any allergies or medical conditions?	No _____	Yes _____, _____
Does the student take any regular medication?	No _____	Yes _____, _____

Landmark Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. LCA does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-controlled programs. However, selection of students is based upon openings in the particular grade levels, entrance test, and an interview with administration. Family life, academic performance, and general behavior are also considered.

### IN SUBMITTING THIS APPLICATION, I UNDERSTAND AND AGREE THAT:

1. The registration fee is non-refundable due to the cost of preparation for my registered student.
2. I give Landmark Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises.
3. I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.
4. The school reserves the right to dismiss any student who cannot abide by classroom rules, hinders the learning environment, or who does not respect or cooperate with its standards.
5. I understand that the education of my child at Landmark Christian Academy is a partnership between our family and the school. I agree to be supportive of the school and to cooperate in making this year successful.
6. The information provided in this application is complete and accurate.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Father / Guardian

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Mother / Guardian

**EXPLANATION SECTION:** *Please use this space to supply any information that would allow the faculty/administration to better serve you and your student. (Example: allergy/medical conditions; student home/living situations, etc.) All information supplied on this enrollment form is kept strictly confidential and is requested for the express purpose of better assisting you and your student while he or she is enrolled at LCA.*

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### FOR SCHOOL USE ONLY:

Application & Fee Received:

Date: \_\_\_\_\_ By: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt#: \_\_\_\_\_