



Landmark Christian Academy

6502 Johnsontown Road ♦ Louisville, KY 40272
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STUDENT ENROLLMENT APPLICATION 2019-2020

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: _____ *Please Print* **Called By:** _____

Address: _____ **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.

		Explain
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.*

FOR SCHOOL USE ONLY:

Application & Fee Received:

Date: _____ By: _____ Check # _____ Cash: _____ Amount: _____ Receipt#: _____