Application: \underline{s}	TUDENT INFORMATION			
DATE :				
NAME : LAST :	FIRST	:	MI:	
ADDRESS:				
CITY / STATE / ZIP :				
DATE OF BIRTH :	MALE: FEMALE:	AGE: GRADE:	:	
SOCIAL SECURITY #:_		COUNTY :		
LAST SCHOOL BOARD :				
LAST SCHOOL BOARD A	DDRESS:			
LAST SCHOOL ATTENDE	:D:			
LAST SCHOOL ADDRESS	S:			
LAST SCHOOL CITY / ST.	AST SCHOOL CITY / STATE / ZIP :			
LAST SCHOOL PHONE	AST SCHOOL PHONE #:			
DRIVER'S LICENSE / PEF	RMIT (RECORD)			
motify our local scri	ool board office of our decision to he	mie schooling night school stud		
PARENT / GUARDIA		WORK PHONE :		
NAME : LAST:	FIRST:	MIDDLE :		
ADDRESS:		HOME I	PHONE:	
CITY / STATE / ZIP :		CELL PI	HONE:	
Parent / Guardian Signat	ure :			
	an School ~ 1802 Lois Street ~ C visit us on the web @ www.landm	arkchurch.com		
DAY SCHOOL ONLFOOD ALLERGIEMEDICATIONS ??				
•	derstand that enrollment in Lar SES, ACTIVITIES, FIELD-TRIF			
Student sign:	Parent Sign :			

___ DAY-School OR ___ HOME-School

Landmark Christian School