

Office Use Only Tuition pd. _____

REGISTRATION

Date: _____ new applicant renew School Year: _____

Parent's Names: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address (required) : _____

Address: _____

School District of Residence: _____
(Name of county or city)

Please list below the full names of all the students to be taught at this address.
Include their birth dates and grade levels.

Student Name D.O.B. Grade

Are you a member of the Home School Legal Defense Association ? Yes No

If so, member number: # _____ Renewal Date: _____

Are you a member of Landmark Church (not required) Yes No

Signatures of both parents or guardians are required for application

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date