

LANDMARK CHRISTIAN ACADEMY

16250 South 84th Avenue, Tinley Park, IL 60487

www.landmarkchristian.org (708) 623-0332

STUDENT APPLICATION

Name of Student (Full name) _____

Nickname _____ Date of Birth _____ Gender M F (Circle One)

Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Grade Entering _____

Ethnic Background _____ Additional Languages Spoken at Home _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone Number(s) _____

Student Lives With _____ Both Parents _____ Mother _____ Father _____ Joint Custody

_____ Guardian _____ Other (specify) _____

Name of School Last Attended _____

School Address _____

School Phone _____ Type of School _____ Public _____ Catholic _____ Christian

Name of Student's Home Church _____

Church's Address _____ Church's Phone _____

Pastor's Name _____ Denomination _____

Please explain fully your reason for enrolling your child(ren) in Landmark Christian Academy.

FAMILY INFORMATION

Part One to be completed by Mother/Guardian/Stepmother

Mother's Full Name _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Emergency Phone(s) _____ **Email Address** _____

Occupation (If work outside the home) _____

Employer/Company _____ **Position/Title** _____

Company Address _____

Education: _____ **High School** _____ **Years** _____ **College** _____ **Years** _____ **Degree** _____

Marital Status _____ **Married** _____ **Separated** _____ **Divorced** _____ **Remarried** _____ **Single**
_____ **Widowed** _____ **Living Together**

Name of Mother's Home Church _____

Church's Address _____ **Church's Phone** _____

Pastor's Name _____ **Denomination** _____

Church Attendance _____ **Regular** _____ **Sunday A.M.** _____ **Sunday P.M.** _____ **Mid-week**

Ministry Involvement _____ **Yes** _____ **No**

Have you personally received Jesus Christ as your Lord and Savior? _____ **Yes** _____ **No**

Name of Children (Include Extended Family and use back if additional lines are needed.)

Full Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Part Two to be completed by Father/Guardian/Stepfather

Father's Full Name _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Emergency Phone(s) _____ **Email Address** _____

Occupation _____

Employer/Company _____ **Position/Title** _____

Company Address _____

Education: _____ **High School** _____ **Years** _____ **College** _____ **Years** _____ **Degree** _____

Marital Status _____ **Married** _____ **Separated** _____ **Divorced** _____ **Remarried** _____ **Single**
_____ **Widowed** _____ **Living Together**

Name of Father's Home Church _____

Church's Address _____ **Church's Phone** _____

Pastor's Name _____ **Denomination** _____

Church Attendance _____ **Regular** _____ **Sunday A.M.** _____ **Sunday P.M.** _____ **Mid-week**

Ministry Involvement _____ **Yes** _____ **No**

Have you personally received Jesus Christ as your Lord and Savior? _____ **Yes** _____ **No**

Name of Children (Include Extended Family and use back if additional lines needed.)

Full Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

MISSION STATEMENT

To provide excellence in Christian education that works in cooperation with the home and the local church and transforms students into world changers through the power of the Gospel and the reality of knowing Jesus Christ.

NON-DISCRIMINATION STATEMENT

Landmark Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the academy. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, financial aid, and athletic and other academy administered programs.

PARENTAL COOPERATION AGREEMENT

I agree that if my child is accepted into Landmark Christian Academy I will cooperate to the fullest extent with the Academy in the implementation of its policies and philosophies. My failure to comply may result in my child's being dismissed from the Academy.

Mother/Guardian's Signature _____ Date _____

Father/Guardian's Signature _____ Date _____

PLEASE MAIL APPLICATION TO FOLLOWING ADDRESS:

**LANDMARK CHRISTIAN ACADEMY
P. O. BOX 935
TINLEY PARK, IL 60487**