


FAITH LANDMARKS ACADEMY

ENROLLMENT PACKET

MONARCHS

EST. 2019



ENROLLMENT PROCEDURES

1. READ AND COMPLETE ENTIRE ENROLLMENT APPLICATION AND RETURN TO THE SCHOOL OFFICE.

All applications and forms must be returned to the school office, or the church office during office hours (9:00 – 5:00 pm).

NEW ENROLLEES ONLY

- Completed **2026-2027 Enrollment Application**
- Completed **Notarized Parental Consent Form**
- Completed **TUITION Enrollment Questionnaire**
- Copy of **Student's Birth Certificate**
- Copy of **Student's Social Security Card**
- Official **School Transcripts**
- Copy of **Student's updated immunization Record and recent Physical Examination Form**
- Copy of **Custody Papers**, if applicable
- Completed **Teacher Reference Form** (CDC K3/K4 included)

RETURNING STUDENTS

- Completed **Enrollment Application**
- Completed **Notarized Parental Consent Form**
- Completed **Tuition Enrollment Questionnaire**
- Updated **Immunization and Physical Examination Records**
- Copy of **Updated Custody Papers**, if applicable

2. MANDATORY PARENT ORIENTATION:

A **mandatory** meeting for all FLA families will be held in the week prior to the beginning of school. All paperwork must be completed by this meeting. The family must be enrolled in QuickSchools™ by this date.

GENERAL STUDENT INFORMATION (Please type or print legibly)
Include all children to be enrolled

STUDENT 1

LAST NAME _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ SEX: MALE FEMALE AGE _____ DATE OF BIRTH _____

GRADE ENTERING _____ SOCIAL SECURITY NUMBER _____

STUDENT 2

LAST NAME _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ SEX: MALE FEMALE AGE _____ DATE OF BIRTH _____

GRADE ENTERING _____ SOCIAL SECURITY NUMBER _____

STUDENT 3

LAST NAME _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ SEX: MALE FEMALE AGE _____ DATE OF BIRTH _____

GRADE ENTERING _____ SOCIAL SECURITY NUMBER _____

STUDENT 4

LAST NAME _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ SEX: MALE FEMALE AGE _____ DATE OF BIRTH _____

GRADE ENTERING _____ SOCIAL SECURITY NUMBER _____

STUDENT 5

LAST NAME _____ FIRST _____ MIDDLE _____

PREFERRED NAME _____ SEX: MALE FEMALE AGE _____ DATE OF BIRTH _____

GRADE ENTERING _____ SOCIAL SECURITY NUMBER _____

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PARENT INFORMATION (Please type or print legibly)

FATHER'S (OR GUARDIAN'S) NAME _____

HOME ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE # _____ HOME EMAIL _____

EMPLOYER _____ PART-TIME FULL TIME

WORK PHONE # _____ WORK EMAIL _____

MOTHER'S (OR GUARDIAN'S) NAME _____

HOME ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE # _____ HOME EMAIL _____

EMPLOYER _____ PART-TIME FULL TIME

WORK PHONE # _____ WORK EMAIL _____

IF DIVORCED OR SEPARATED, PLEASE INDICATE WHO HAS CUSTODY AND IF THERE ARE SPECIAL INSTRUCTIONS OR CONSIDERATIONS TO BE MADE REGARDING SCHOOL INFORMATION TO SEND TO THE OTHER PARENT.
A COPY OF CUSTODY PAPERS MUST BE PROVIDED.

STUDENT LIVING WITH? BOTH PARENTS FATHER MOTHER GUARDIAN

EMERGENCY CONTACT & PICK UP INFORMATION

NAME _____ RELATIONSHIP _____

HOME PHONE # _____ BUSINESS PHONE # _____ CELL PHONE # _____

NAME _____ RELATIONSHIP _____

HOME PHONE # _____ BUSINESS PHONE # _____ CELL PHONE # _____

NAME _____ RELATIONSHIP _____

HOME PHONE # _____ BUSINESS PHONE # _____ CELL PHONE # _____

IN THE EVENT THAT A PARENT IS UNABLE TO PICK UP MY/OUR CHILD FROM SCHOOL, THE ABOVE MARKED INDIVIDUALS HAVE AUTHORIZATION TO PICK UP MY/OUR CHILD(REN) FROM FAITH LANDMARKS ACADEMY. I/WE WILL, IF AT ALL POSSIBLE, SEND A NOTE OR CALL FAITH LANDMARKS ACADEMY TO ADVISE STAFF OF THE CHANGE.

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CURRENT CHURCH MEMBERSHIP (Please type or print legibly)

ARE THE PARENTS (OR GRANDPARENTS) MEMBERS OF FAITH LANDMARKS MINISTRIES?
YES NO

IF NO:

CHURCH OF MEMBERSHIP (FATHER) _____ PHONE # _____
ADDRESS _____ PASTOR _____

CHURCH OF MEMBERSHIP (MOTHER) _____ PHONE # _____
ADDRESS _____ PASTOR _____

FINANCIAL STATUS

2026-2027 FEES: PER STUDENT / PER SCHOOL YEAR

K3 - 2nd GRADE \$5,000 3rd - 6th GRADE \$5,500 7th - 12th GRADE \$6,000
PERSON RESPONSIBLE FOR HANDLING THE FINANCIAL OBLIGATION FOR THIS SCHOOL YEAR (IF
DIFFERENT FROM PARENT)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

We have reviewed the financial obligations required to enroll. We will be able to cover the financial obligation according to our Enrollment Agreement. If we have difficulty meeting the requirements at any time, we agree to contact the Business Office immediately with an explanation and not wait for the Business Office to contact us. We understand that inability to make payments in a timely manner may necessitate the withdrawal of our child(ren) until such time as our account is made current.

Signature _____
RESPONSIBLE FINANCIAL PARTY

DATE

PHOTO/MEDIA AUTHORIZATION

At times our staff will be taking photos/videos for publicity or departmental purposes. Pictures may be posted on our website or bulletin boards. No names will be associated with photos. We appreciate your cooperation; however, if you **DO NOT** want pictures of you or your child taken, please sign here.

Signature _____

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ENROLLMENT AGREEMENT

We understand and agree with the Statements of Faith & Educational Philosophy of FAITH LANDMARKS ACADEMY. It is our desire that the schoolwork directly with us in the total spiritual, moral, social, emotional, and academic education of our child.

As parents, we sincerely pledge our loyalty to the aims and ideals of the school. We believe that discipline is necessary for the welfare of each student, as well as for the entire school. We give permission for our child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scripture and the school handbook. We further agree that we will support the faculty and administration in discipline at home as needed. We will also ensure that our child follows the dress code and the Student Code of Conduct.

A Student Handbook will be furnished to all students and parents so they will be knowledgeable of regulations and guidelines.

It is understood that all new students are accepted on a "probationary basis" for the first grading period, before grade placement and admission becomes final.

FAITH LANDMARKS ACADEMY reserves the right of dismissal of any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of the school or is engaged in behavior or lifestyle inconsistent with Biblical guidelines as prescribed by the Word of God. This policy applies to behavior on and off campus, and throughout the calendar year.

We agree to pay tuition and all fees in a timely manner, in accordance with the financial policies and payment schedules outlined by FAITH LANDMARKS ACADEMY.

We give FAITH LANDMARKS ACADEMY permission for our child to take part in all activities, including trips away from the school. Our child has permission to ride in FAITH LANDMARKS ACADEMY approved transportation for all activities.

We agree to hold the school and its agents harmless for any liability to our child or any guardian or parent thereof because of claims on behalf of our child against the school or any agent thereof because of injury or alleged injury to our child. Should legal action, for any reason, be taken against FAITH LANDMARKS ACADEMY, or any employee or agent thereof on our child's behalf, we agree to pay all attorney fees (FAITH LANDMARKS ACADEMY's included), damages, medial fees, or other costs.

FAITH LANDMARKS ACADEMY will provide competent teachers and a well-balanced curriculum for the total development of our students.

We have read and are fully aware of the guidelines for enrollment. Our signatures below convey that our family agrees to comply with all policy statements and guidelines of FAITH LANDMARKS ACADEMY.

Father or Legal Guardian

Date

Mother or Legal Guardian

Date

Student Record – OFFICE USE

DATE OF APPLICATION SUBMISSION: _____ INITIALS _____

ALL STUDENTS:

- COMPLETED ENROLLMENT APPLICATION
- COMPLETED NOTARIZED PARENTAL CONSENT FORM
- COMPLETED TUITION ENROLLMENT QUESTIONNAIRE
- COMPLETED IMMUNIZATION and PHYSICAL EXAMINATION RECORDS
- COPY OF BIRTH CERTIFICATE & SOCIAL SECURITY CARD
- COPY OF CUSTODY PAPERS (if applicable)

8491 CHAMBERLAYNE ROAD
RICHMOND, VA 23227
804.262.8256
Fax 804.266.7127
www.faithlandmarks.org