



Living Word Academy

110 Industry Drive, Yorktown (Tabb) Va 23693
(757) 867-8024

Enrollment Application

Student's Full Name _____

_____ Last First Middle (nickname)

Social Security # _____ / _____ / _____ Grade you are entering _____

Home Address _____
_____ Street _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Place of Birth _____ Male Female

Racial/Ethnic Group*: Caucasian African-American Hispanic Asian Other

Emergency names (other than Parents) Parents, you will be contacted first, if at all possible.

Name #1 _____ Phone # _____

Name #2 _____ Phone # _____

Last School Attended _____

Complete School Address _____
_____ Street _____ City _____ State _____ Zip _____

Grade Last Year _____ **Check one:** Passed Retained Passed on Probation

Has your child been retained in a grade before? Yes No

If yes, in which grade(s) has he/she been retained? _____

Has your child ever been expelled from school? Yes No If yes, please give an explanation: _____

If your child has had any academic difficulties in school thus far, please explain: _____

If your child has had any discipline or emotional problems in school, please explain: _____

Condition of Health: Good Fair Poor Physical Disabilities _____

Church Affiliation of Parents _____

Services Attended: Sunday School Sunday AM Sunday PM Wed PM

Names and grades of brother and/or sisters enrolled at Living Word Academy _____

*These questions are optional. Pursuant to federal regulations, the responses to these questions are collected for record keeping purposes. Living Word Academy admits students of any race, color, or ethnic origins and does not discriminate either in admittance or operational practices.

Primary Phone #	_____
Mobile Phone #	_____
Email	_____
Other #	_____

Enrollment Application (continued)

Father/Guardian's Name: _____ Work Phone #: _____

Place of Employment _____ Social Security # _____

Employer's Address: _____

Mother/Guardian's Name: _____ Work Phone #: _____

Place of Employment _____ Social Security # _____

Employer's Address: _____

Name of Person Responsible for Payment: _____

Marital Status Check one: Married Separated Divorced

If the child is not living with their parents, please explain with whom he/she lives: _____

State the reasons why you wish your child to attend Living Word Academy _____

Explain how you heard about Living Word Academy _____

Statement of Cooperation

In making application for my child, it is my desire to have him/her complete the school year 20____ - 20____. It is my understanding that the policy of the school is to make no refunds on curriculum fees and/or registration fees. I also understand that I am required to participate in all Academy fundraisers. I give my permission for my child to take part in all school activities, including sports and school – sponsored trips away from school premises, and to absolve LWA from any liability to me, my spouse, or my child because of any injury to my child at school or during any school activity. I understand that my child may be photographed and videotaped at school events. These images may be used in school publications, media, and on the school Web site to illustrate Living Word Academy's programs or events for promotional and informational purposes. If my child is admitted into LWA, I understand that this admission is a privilege and not a right.

I agree to support the school and follow the policies stated in the Living Word Academy Handbook. I understand that my tuition for the year of 20____ - 20____ will be \$ _____, and will be made in 10 equal payments of \$ _____. If I withdrawal my student prior to the end of the school year, I understand that the withdrawal date will be 30 days after I give written notice and I will have to pay a \$150.00 withdrawal fee. I have read and signed the Arbitration Agreement and Handbook. If any questions or problems arise, I will bring them to the proper authority, whether it is a teacher or an administrator.

Parent/Guardian's Signature**Date** _____