



The Light Academy

479 Cunningham Rd.
Palmyra, Virginia 22963
434-806-2903/434-842-2222
www.thelightacademy.com

For Office Use Only

Date Received: _____

Registration Fee: _____

2026 - 2027 SCHOOL Registration Form Kindergarten - 12th grade

First Student's Full Legal Name: _____
Preferred Name: _____ Date of Birth: _____
Gender: _____ Grade Entering: _____
Allergies or Medical Concerns: _____

Second Student's Full Legal Name: _____
Preferred Name: _____ Date of Birth: _____
Gender: _____ Grade Entering: _____
Allergies or Medical Concerns: _____

Third Student's Full Legal Name: _____
Preferred Name: _____ Date of Birth: _____
Gender: _____ Grade Entering: _____
Allergies or Medical Concerns: _____

Student(s) live with:
____ Mother ____ Father ____ Other(Please Specify) _____
Religious Denomination: _____ Church attending: _____

Parent/Guardian Information – Father (please print)

Name: _____ Home/Cell Number: _____
Home Address: _____
Mailing Address (if different): _____
Place of Employment: _____
Address of Place of Employment: _____
Work Number: _____ May we send you texts? ____yes ____no
Email: _____

Student(s) last name: _____

Parent/Guardian Information – Mother (please print)

Name: _____ Home/Cell Number: _____

Mailing Address: _____

Place of Employment: _____

Address of Place of Employment: _____

Work Number: _____ May we send you texts? ____yes ____no

Email: _____

Please list **emergency contact persons** who are authorized to pick up your child in the event we are unable to reach the parent/guardian(s) above:

Name: _____ Phone Number: _____

Relationship to the student(s): _____

Address: _____

Name: _____ Phone Number: _____

Relationship to the student(s): _____

Address: _____

Other people who are authorized to pick up your child from school: (for playdates, transportation, etc.)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Physician: _____ **Physician's Office Number:** _____

In the event of an emergency, I authorize a staff member of The Light Academy to seek medical attention for my child(ren).

Parent/guardian signature Date: _____

Parent/guardian name printed

Does your child have an Individual Education Plan (IEP), Individual Service Plan (ISP), or a 504 Plan?

_____ yes _____no

Please list any additional information about your child(ren) that would help us as we work with your child(ren):

Student(s) last name: _____

- Tuition for the year is \$4,700.
- There is a 4% discount paid in full for tuition by the first day of school, August 12, 2026.
- There is a sibling discount of 20% for the 2nd, 3rd. etc. children in the family.
- Tuition can be billed in 10 monthly installments August – May. If you are in need of special arrangements, please talk with Mrs. Parr.
- There is a non-refundable \$175 registration fee per student.
- Kindergarten students must be five years old by September 30.

Please select your tuition payment preference:

_____ pay in full by the first day of school to receive a 4% discount

_____ pay in 10 monthly installments - \$470/mo for first child (August – May)

A registration fee of \$175 per student must be submitted with the registration form. A copy of immunization records or immunization waiver form and birth certificate must be submitted unless your child was previously enrolled.

A welcome email will be sent to you, along with your tuition agreement, login information to our parent portal on our website, calendar, supply list, etc. For any questions, please contact Joyce Parr, M.Ed., Principal 434-842-2222 or 434-806-2903.