

Application to Victory Christian School

Date of Application: __/__/____

Applying for grade: _____

Student Information:

Last Name: _____ First: _____ Middle: _____

Goes by: _____ Social Security Number: _____

Date of Birth: __/__/____ Student lives with: _____

Parent Information: (please list the father's information first unless he does not live with the student; if the student lives with the mother or another guardian, list that person first)

Parent #1

Last Name: _____ Title (Rev. Dr. Mr. Mrs. Ms.) First: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____ Ext: _____ Employer: _____

Cell phone: _____

Parent #2

Last Name: _____ Title (Rev. Dr. Mr. Mrs. Ms.) First: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____ Ext: _____ Employer: _____

Cell phone: _____

Billing Information for Responsible Party:

Last Name: _____ Title (Rev. Dr. Mr. Mrs. Ms.) First: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____ Ext: _____ Employer: _____

Cell phone: _____



Sibling Information:

Names of brothers and sisters	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any children of school age who will not be enrolling in VCS, please explain the reason(s):

Church Background:

Church Affiliation: _____

Has the student made a profession of faith in Jesus Christ? _____ At what age? _____

Has the student been baptized? _____ At what age? _____

Which best describes the student's church attendance?

- Active in church
- Attends Sunday School or church only
- Attends occasionally
- Attends few times a year

Which best describes the parent(s)' church attendance?

Parent #1

- Active in church
- Attends Sunday School or church only
- Attends occasionally
- Attends few times a year

Parent #2

- Active in church
- Attends Sunday School or church only
- Attends occasionally
- Attends few times a year

Is your family a member of a church? _____

Does your family attend church together? Yes No

Briefly explain why you want a Christian education for your child.

Why did you choose VCS? _____

Who referred you to VCS? _____



Educational Information:

List all of the schools the student has attended, including kindergarten. *Please be sure to include the complete mailing address of the most recent school.*

School	City/State	Grade(s)	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mailing address of the most recent school:

Street address or PO Box: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Has the student ever repeated a grade? Yes No

If yes, what grade(s)? _____ Reason? _____

Has the student ever had any serious discipline problems, been suspended, or expelled from school? Yes No

If yes, please explain: _____

Has the student ever been referred or tested for learning disabilities or special education? Yes No

If yes, please explain: _____

What prompted you or the school officials to recommend the testing?

Does the student have any physical or emotional problems that require special medication? Yes No

If yes, please explain: _____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitude which this student has: _____



Medical Information:

Is the student allergic to any medication? Yes No
If yes, what medications? _____

Is the student allergic to ant bites? Yes No
Bee stings? Yes No
Specific foods? Yes No
Other allergies: _____

List any medication the student is currently taking:

Check any medication VCS is authorized to give your student if needed:

- Benadryl
- Pepto Bismol
- Tylenol
- Cough syrup
- Sore throat spray
- Other _____

Is generic medication okay? Yes No

Check any diseases your student has had:

- Chicken pox
- Measles
- Meningitis
- Mumps
- Polio
- Rubella
- Scarlet fever
- Tonsillitis
- Whooping cough
- Other _____

List any handicaps or limitations this student has (including speech, hearing, vision, coordination, learning, etc.): _____



Miscellaneous Information:

Please list any and all persons authorized to pick up your student:

Name	Relation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you currently owe a balance to any previous school? Yes No

To be filled out by students applying for grades 6-12:

Please explain why you would like to attend VCS: _____



Medical Release Form

Physician/Hospital Information

Child's physician: _____ Phone: _____

Hospital preference: _____

Insurance Information

Insurance company: _____ Group #: _____

Policy number: _____ Employer: _____

Policy holder: _____ SS #: _____

Phone number for insurance verification: _____

Mailing address for claims (or PO Box): _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Emergency Contact Information

Contact #1

Last Name: _____ Title (Rev. Dr. Mr. Mrs. Ms.) First: _____

Home phone: _____

Work phone: _____ Ext: _____ Employer: _____

Cell phone: _____

Contact #2

Last Name: _____ Title (Rev. Dr. Mr. Mrs. Ms.) First: _____

Home phone: _____

Work phone: _____ Ext: _____ Employer: _____

Cell phone: _____

In the event that my child needs medical attention and Victory Christian School is unable to reach me, I authorize the persons named as emergency contacts to speak and act on my behalf for my child's welfare.

I further release the staff of Victory Christian School and Victory Baptist Church from any and all liabilities in connection with the administering of first aid and other necessary medical attention required for my child.

In the event of an emergency when neither I nor my authorized emergency contacts can be reached, the school authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Application Checklist

- Completed Application
- Medical Release Form
- Copy of Birth Certificate
- Copy of Immunization Records
- Copy of Student's Social Security Card
- Transcript Request Form
- Application Checklist Signed and Dated

I hereby certify that I have read and accept the following:

- *Consent for Medical Treatment*
- *Parent or Guardian Statement of Agreement*
- *Statement of Faith*
- *Student Standard of Conduct*
- *Corporal Punishment Authorization*
- *School Admissions Policies, Procedures, and Financial Terms*
- *Philosophy of Christian Education*
- *Uniform Requirements*

I furthermore accept the conditions and requirements of all other official policies and procedures of Victory Christian School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature (grades 6-12)

Date



Transcript Request Form

I, _____, authorize Victory Christian School (VCS) to request any and all records, including but not limited to medical, attendance, disciplinary, psychological, and academic information for my child, _____, date of birth __/__/____, SSN # ____-__-____.

Dear Guidance Counselor,

_____ has enrolled in school at VCS. Please send all permanent records, including a copy of the student's social security card, birth certificate, immunization records, discipline records, attendance and academic records, standardized test scores, and any other pertinent information.

Thank you,
VCS Guidance

