

VICTORY CHRISTIAN ACADEMY ENROLLMENT PACKET

NOTE: A copy of the birth certificate and immunization record must accompany this application form.

A. NON-DISCRIMINATORY POLICY

In the spirit of Christian unity and the love the Christ shows for all mankind, Victory Christian Academy does not discriminate on the basis of race, color, national origin, or physical disability. However, Victory Christian Academy does reserve the right to use appropriate selection in fulfillment of its stated goals and objectives.

B. GENERAL RECORD

Student

(Last Name)

(First Name)

(Middle Name)

Local Address

City

Zip

Telephone

Date of Birth

Age

Sex

Place of Birth

Application for Grade

Previous Grade Completed

Previous School Attended

Address

Father or Guardian

Employer

Position

Address

Phone

Mother or Guardian

Employer

Position

Address

Phone

OFFICE USE ONLY

1. Date Received _____ Grade _____

2. Application Fee _____

3. Authorization Card for Emergency Med. Trt.

4. Birth Certificate _____

5. Immunization Record _____

6. Parental Agreement _____

7. Statement of Faith _____

8. Day-Care Agreement _____

9. Transcripts Received _____

10. Entrance Test _____

11. Interview _____

12. Parent Notified _____

Marital Status: Married Divorced Separated Remarried Widowed

Other Children in Family:

Name Age Grade

Name Age Grade

Name Age Grade

Name Age Grade

Name of Person(s) authorized to pick up student (Include Name, Phone, Relationship):

If persons authorized to pick up your child changes, it is the responsibility of the parent(s) or guardian(s) to send a note to the school with changes. If any one other than those listed above picks up the child, it is also the responsibility of the parent(s) or guardian(s) to send a note in advance to the school. Your child cannot be released to an unauthorized person. **ONLY IN EMERGENCY CASES WILL YOU BE ALLOWED TO VERBALLY GIVE PICK UP CHANGES TO THE SCHOOL OFFICE.**

Was your child ever denied admission to a school? Why?

Was your child ever suspended or expelled from school? When? Why?

Attach copies of most recent report cards.

C. PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

How did you find out about Victory Christian Academy?

What do you see are your child's greatest needs?

Spiritual:

Behavioral:

Academic:

Social:

How do you see yourself being involved in the educational process of your child?

What do you see are the strengths of your child?

Please explain below why you want your child to attend Victory Christian Academy.

D. SPIRITUAL RECORD OF PARENTS

Home Church Name

Home Church Address

Denomination

Church Now Attending

Phone

Senior Pastor

Cell Leader

Have you accepted Jesus Christ as your personal Lord and Savior? Father

Mother

STUDENT HEALTH RECORD (Confidential)

Is child's health excellent, fair or poor?

Weight

Height

If your child has had any of the following illnesses, indicate the year(s) they occurred.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear Infection
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Asthma
<input type="checkbox"/> Red Measles	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Other _____
<input type="checkbox"/> German Measles	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other _____

List any physical, mental, emotional disorders and any serious accidents or surgery your child has or has had and indicate year of occurrence: _____

If your doctor has ordered regular medication for your child, what is its purpose? _____

List any known allergies your child may have: _____

Date your child had last tuberculin test

Result

Doctor

Address

Phone

Date of last visit

Has your child ever had a dental check-up?

Date

Any treatment necessary?

Dentist's Name

Has your child ever had a professional eye exam?

Date

Any treatment necessary?

Doctor's Name

Has your child ever had a professional hearing exam?

Date

Any treatment necessary?

Doctor's Name

Has your child ever had a psychological examination?

Date

Any treatment necessary?

Doctor's Name

Is your child subject to any of the following? (Indicate if occasional or frequent):

Colds

Headaches

Coughs

Dizziness

Asthma

Night Sweats

Hay Fever

Bed Wetting

Shortness of Breath

Does he/she tire easily?

I certify the above history is complete to the best of my knowledge:

Parent's Signature

Date