



## Admissions Application

### Non-Discrimination Policy

Victory Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### Child's Information

Child's Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Child Prefers To Be Called: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Address: \_\_\_\_\_  
Street City Zip  
Application for Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

### Father's Information

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address (If different from child's): \_\_\_\_\_  
Spiritual Status: Does he profess a personal relationship with the Lord?  Yes  No If yes: How long?  
Email: \_\_\_\_\_

### Mother's Information

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address (If different from child's): \_\_\_\_\_  
Spiritual Status: Does she profess a personal relationship with the Lord?  Yes  No If yes: How long?  
Email: \_\_\_\_\_

### Guardian or Caretaker (if different than parents)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address (If different from child's): \_\_\_\_\_  
Spiritual Status: Does he/she profess a personal relationship with the Lord?  Yes  No If yes: How long?

### Sibling's Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_



Victory Christian Academy Admissions Application (continued)

General Information

Last School Attended \_\_\_\_\_ Location \_\_\_\_\_

Family Church \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs or Concerns \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Phone \_\_\_\_\_

Was student ever suspended or expelled from school?  Yes  No (If yes, submit written explanation)

Did student ever receive an Educational Diagnosis or IEP?  Yes  No (If yes: Date of diagnosis )

Diagnosis \_\_\_\_\_

Did student ever receive special services (special education, speech or language therapy, etc.)? Yes No

If yes: What kind? \_\_\_\_\_

How did you find us? \_\_\_\_\_ If from an existing VCA family, please tell us the family most instrumental in your decision to attend VCA. \_\_\_\_\_

Important Notes to Applicant Family

- Grade placement is determined solely at the discretion of Victory Christian Academy based on academic evaluation and teacher and administrative recommendation.
- Submittal of this application does not ensure final enrollment in Victory Christian Academy. Several further steps, including a parental conference with Victory Christian Academy leadership, are necessary before admittance.

Affirmation

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information may lead to the rejection of this application now or the removal the applicant in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_