





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 \_\_\_\_\_



## **Regular Attendee / Member Confirmation**

Registrar  
Victory Christian Academy  
1930 Meyer Drury Dr.  
Arnold, MO 63010  
www.VCAcademy.org

Date: \_\_\_\_\_

Dear Victory Christian Academy,

This form is being given to you because Victory Christian Academy requires its families to submit yearly verification that its school families are members or regularly attend a local church. This letter certifies that \_\_\_\_\_

(Name of parent or guardian)

is a member or regular attendee of our church in good standing.

Sincerely,

Pastor's Signature

Church Name and Address:

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Special Notes:

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## Request For Records

Date Sent \_\_\_\_\_

To the Principal or Registrar of the previous school:

PREVIOUS SCHOOL \_\_\_\_\_

ADDRESS OF PREVIOUS SCHOOL \_\_\_\_\_

CITY, STATE, AND ZIP CODE \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Has recently enrolled in the \_\_\_\_\_ grade

Please forward to: Victory Christian Academy  
1930 Meyer Drury Dr.  
Arnold, Missouri 63010

Or fax: 636.223.7332

- Academic Records (including final grades and standardized test scores)
- Health Screening and Immunization Records
- Attendance Records
- Discipline/Behavior Records
- Special Education Records (including IEP, psychological or diagnostic evaluations)
- Educational/Psychological Evaluation Reports

I authorize the release of all student information, records, and documents for my child/children listed above.

Signed \_\_\_\_\_  
(Parent or Guardian)

Sincerely,

Stuart Dace  
Head of School



## **Medical Release Form**

### **Student Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_  Male  Female

### **Parent / Legal Guardian Information**

Relationship to student:  Parent  Legal Guardian  Legal Custody

Name \_\_\_\_\_ Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

ID # \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone \_\_\_\_\_

1. I, the undersigned, legal guardian of \_\_\_\_\_, a minor, do hereby authorize, as agent(s), the adult supervisor of Victory Christian Academy, to consent to any diagnosis or treatment, and hospital care, which may be required, if the above named guardian cannot be reached.
2. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide the agent the authority to approve care, which a physician may, in the exercise of his / her best judgment, deem advisable and necessary.
3. I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such a minor to the agent currently supervising the minor upon completion of treatment.
4. I hereby release Victory Christian Academy and the agent from liability in approval of care as recommended by a physician.
5. These authorizations shall remain effective until revoked in writing, delivered to said agent.

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

### **Student Medical Information**

List any medications, allergies, special conditions or health problems, etc.:



## Letter of Parental Cooperation

By enrolling my child(ren) in Victory Christian Academy, I understand and agree that:

1. A Christian school is not a substitute for the training a child must receive in the home, but is rather a complement to that training. I will therefore diligently assume the primary responsibility for the training of my child(ren).
2. My cooperation is expected in:
  - a) Faithful prayer for my child(ren), the teachers, and the school;
  - b) Faithful attendance at all parent/teacher fellowship (PTF) meetings;
  - c) Compliance with all school rules and policies;
  - d) Assuring that my child(ren) are faithful in completing homework assignments on time;
  - e) Financially supporting the school through timely tuition payments;
  - f) Ensuring that all public conversations regarding VCA are respectful of the teachers, staff, school board, and fellow families; and by practicing the conflict resolution practices supported by the Bible which are outlined in the VCA student handbook.
3. The administrator and/or the teacher has full discretion in the discipline of the students, as to type and amount, while at school or a school function. I understand that some disciplines may require me to stay at school late on a school day (middle school detention). I will support and work with the school's efforts in training my child through discipline or reward.
4. I will take responsibility for assuring that my child(ren) arrive to school on time and are picked up on time. I will also keep my child(ren) in regular attendance on regular school days as well as field trips and other activity days.
5. I will do all in my power to assure that my child(ren) obey the teachers, comply with the rules and policies, and show proper respect for the school. If I have concerns or criticisms, I will not express them in the hearing of child(ren). Instead, I will arrange for a private conference with the teacher in an attempt to resolve the problem. If at any time I feel that I can no longer uphold the teacher or the school, I will notify the administrator of my decision and the reasons for that decision. If necessary, I will withdraw my child from Victory Christian Academy quietly and without delay and will not attempt to disrupt or disturb the school's ministry with other families.
6. I realize that Victory Christian Academy makes all decisions concerning student enrollment and that each student remains at Victory purely at the pleasure of the school, having no right to remain if asked to leave.
7. I realize that Victory, as a ministry, is dependent on the sacrificial help of all of the members of the school community if it is going to succeed. I will prayerfully consider in what way and to what extent I can help Victory through volunteer effort. I understand that my child's experience at Victory is enriched through other people's sacrificial efforts, and I too will contribute in some way to the overall good of the school through volunteer service.

Parental signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Minor Model Release Form

In order to promote the school, photographers will take pictures and videos of the children in school related activities. The photographs or video will remain the property of Victory Christian Academy and may be used on either the website or in promotional materials. We would like to ask your permission to use the pictures of your children in these mediums.

Please complete the form below and return to the school to give the school permission to use your child's picture on the website or in promotional materials. The pictures and video will be reviewed and every effort will be taken to ensure that pictures of any child whose parent prefers their photograph not be published on the web or in promotional materials will be removed from consideration for publishing. Thank you for your consideration.

### Minor Model Release

For valuable consideration, I hereby confer on **Victory Christian Academy (VCA)** the absolute and irrevocable right and permission with respect to the photographs or videos that he/she has taken of my minor child in which he/she may be included with others:

- a) To copyright the same in **VCA's** name,
- b) To be used on **VCA's** Web Site:
- c) To be used in **VCA's** promotional materials
- d) To use my child's (first) name in connection with the picture if so decided by VCA,
- e) To use photographs previously taken for use in the School Yearbook for the School's website or promotional materials

Yes       No

I hereby release and discharge **VCA** and their authorized photographers from all and any claims and demands ensuing from or in connection with the use of the photographs or videos, including any and all claims for libel and invasion of privacy, or claims of misuse by unauthorized third parties ignoring reasonable efforts to protect the photographic copyrights on the website.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of **VCA** as well as the person(s) who take the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the above named model. For value received, I hereby consent to the foregoing on his/her behalf.

Dated: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_







## **DRIVER QUESTIONNAIRE**

The purpose of this form is to assure that the students of Victory Christian Academy are transported in a safe and responsible manner. Anyone who will be involved in chauffeuring students for school related activities, such as field trips, must complete a copy of this form. This must be done each school year and must be returned prior to driving for an event.

The contents of this form will be kept strictly confidential. Your cooperation in complying with this request is greatly appreciated.

### **PERSONAL**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever had a heart attack, a stroke, or a seizure? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have any illness or physical limitation which would or could interfere with your operation of an automobile? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

### **VEHICLE**

License Plate No.: \_\_\_\_\_ What kind of car do you drive? \_\_\_\_\_

What state of repair is this car in? \_\_\_\_\_ Operator's license No.: \_\_\_\_\_

Auto Ins. Co.: \_\_\_\_\_ Do you carry liability insurance: \_\_\_\_\_

If so, state policy limits: \_\_\_\_\_

### **TRAFFIC RECORD**

Have you had any traffic violations (tickets) in the last five years? \_\_\_\_\_

If so, state date and type of violation for each: \_\_\_\_\_

Have you had any accidents in the last five years? \_\_\_\_\_

If so, explain: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_



**Family Name:** \_\_\_\_\_

## **AUTHORIZED PICK-UP LIST**

Please list below those who will be picking up your child on a regular/daily basis only.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If there is anyone else (other than who is listed above) that will be picking up your child/children at any other time, you will need to notify the office via telephone or written note specifying who you are authorizing to pick up for that day.

Thank you for your cooperation.





## Student Physical Examination Form

Student \_\_\_\_\_ Birth date \_\_\_\_\_

To be completed by physician:

Posture \_\_\_\_\_

Nutrition \_\_\_\_\_

Nose, Throat, Ears \_\_\_\_\_

Tonsils \_\_\_\_\_

Eyes \_\_\_\_\_

Skin \_\_\_\_\_

Nervous System \_\_\_\_\_

Heart \_\_\_\_\_

Hernia \_\_\_\_\_

Lungs \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Thyroid \_\_\_\_\_

Thorax \_\_\_\_\_

Abdomen \_\_\_\_\_

Other \_\_\_\_\_

Is the student physically fit for a regular school program?    Yes    No

Are there any activities in which the student is not to participate for health related reasons?    Yes    No

If yes, specify and explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Exam