



Admissions Application

For more information about the registration process, please go to www.VCAcademy.org/Registration-Info

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 _____

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.
- A \$25 non-refundable application fee must be submitted with this application before the process of admission may begin.

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 _____