

Describe your child's interests, talents and abilities: _____

List testing/services your child has received (IEP, 504, tutoring, etc): _____

Does your child need any educational accommodations? _____

Does your child have any serious or chronic health concerns, special needs or allergies of which we should be aware of?

Please list any grades your child has repeated and the reason: _____

Has your child ever been suspended or expelled by a previous school? Please list grade and reason for each infraction:

Name of the church your family/student attends: _____

Pastor's Name: _____ Frequency of attendance: ___ Weekly ___ Frequently ___ Infrequently

PLEASE RESPOND TO THE FOLLOWING QUESTION FOR EACH INDIVIDUAL BELOW:

Has there been a time in your life when you have realized your need of Jesus and accepted Him as your personal Savior?

| | | | | |
|----------------|-----------------------|----------|-----------------|---------------------|
| CHILD: | _____ Yes, Age: _____ | _____ No | _____ Uncertain | _____ Not Ready Yet |
| FATHER: | _____ Yes, Age: _____ | _____ No | _____ Uncertain | _____ Not Ready Yet |
| MOTHER: | _____ Yes, Age: _____ | _____ No | _____ Uncertain | _____ Not Ready Yet |

STATEMENT OF FAITH:

- 1) We believe the Scriptures, both Old and New Testaments, to be the inspired Word of God, without error in the original writings, the complete revelation of God's will for the salvation of men, and the divine and final authority for all Christian faith and life (II Timothy 3:16-17; John 14:26; 16:12-15).
- 2) We believe in one God (Deut. 6:4), Creator of all things, infinitely perfect and eternally existing in three persons, Father, Son and Holy Spirit (II Corinthians 13:14; Matthew 28:19).
- 3) We believe that Jesus Christ is true God (John 1:1) and true man (Hebrews 2:14), having been conceived of the Holy Spirit and born of the Virgin Mary (Luke 1:34, 35). He died on the cross, a sacrifice for our sins according to the Scriptures (I Corinthians 15:3; 20:24-29), ascended into heaven (Acts 1:1-9), where He is now our High Priest and Advocate (Hebrews 7:25, 26; I John 2:1; Philippians 2:5-7). He will return in power and glory (Acts 1:11; Revelation 19:11).
- 4) We believe that the ministry of the Holy Spirit is to glorify the Lord Jesus Christ (John 16:14) and during this age to convict men (John 16:8), regenerate the believing sinner (John 3:5-8), indwell (I Corinthians 12:13), guide, instruct (John 14: 26), and empower the believer for godly living and service (Ephesians 5:18-21).
- 5) We believe that man was created in the image of God according to scriptural accounts (Genesis 1), but fell into sin (Genesis 3) and is therefore lost (Romans 5: 12-21) and only through regeneration by the Holy Spirit can salvation and spiritual life be obtained (John 3:5-8).
- 6) We believe that the shed blood of Jesus Christ and His resurrection provide the only ground for justification and salvation for all who believe (Hebrews 9:22-28; Romans 4:25), and only such as receive Jesus Christ are born of the Holy Spirit, and thus become the children of God (John 1:10-13; 3:5-8).
- 7) We believe that the true church is composed of all such persons who through a saving faith in Jesus Christ have been regenerated by the Holy Spirit and are united together in the body of Christ of which He is the head (Colossians 1:18-22).
- 8) We believe in the bodily resurrection of the dead: of the believer to everlasting blessedness and joy with the Lord (I Corinthians 15:51-53; I Thess 4:13-18), and of the unbeliever to eternal judgement (Rev. 20:7-15).

ARE YOU?

1. In personal agreement with the doctrines (Statement of Faith) outlined previously? _____
2. Willing for your child to receive training in the doctrines listed under our statement of faith? _____
3. Prepared to support the school as it endeavors to pursue its mission to provide a Christ-centered environment where students receive a quality education based on Biblical truth that will equip them to lead an effective Christian life? _____
4. Willing to participate in fundraising and volunteering time/materials when needed? _____

IN ADDITION, WE ASK PARENTS TO AGREE TO THE FOLLOWING:

1. We agree to pay tuition as stated on the fee sheet and we will pay late fees if payment is beyond due date.
2. We accept our responsibility to withdraw our child when we fall over 2 months behind in payments.
3. We will accept our responsibility to pay all debts to the school before any transcripts or school records are transferred.
4. We give permission for our child to attend all announced athletic and academic field trips.
5. We will uphold the authority of the teachers and staff of Victory Christian Academy.
6. We agree with the handbook policies and that our child is to submit to the school's academic and disciplinary regulations.
7. We realize that it is a privilege for our child to attend Victory Christian Academy and that our child may be dismissed from VCA at any time he/she is out of harmony with the set rules and policies.
8. We will not hold VCA or its employees liable in case of injury to our child.
9. We agree to follow Matthew 18 in dealing with conflict or items of concern. If we ever find that we are in disagreement with the staff or the policies of VCA, we will be sure not to speak negatively about the school, staff, or policies with or in front of our students or with other parents. We will make every attempt to resolve issues in a fashion that glorifies God and promotes unity.
10. **This application is considered a contract for the entire school year since VCA makes hiring decisions based on enrollment. If you should withdraw your child after July 1, 2019, you will be subject to an early withdrawal fee equal to one month's tuition for each child.**
11. We testify that the previous information is correct and accurate. We understand that VCA reserves the right to deny admittance or dismiss any student should the previous information be incorrect.
12. I understand that Victory Christian Academy may use my child(ren)'s picture or likeness on printed and/or electronic promotional media for the school, and I am in agreement with this.

IF IN AGREEMENT TO #1-12 ABOVE, PLEASE SIGN BELOW (The signature of at least one parent is required; both are preferred.):

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

****A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND
IMMUNIZATION RECORD ARE DUE AT THE TIME OF REGISTRATION**

"The mission of Victory Christian Academy is to glorify God through the evangelism and discipleship of students and the pursuit of excellence in education with Christ as our focus and the Bible as our foundation."

Victory Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to VCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, scholarship awards, and athletic and other school administered programs. We do, however, reserve the right to deny admission or employment to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying handicap, or whose personal lifestyle is not in harmony with the stated philosophy and purpose of Victory Christian Academy.

Victory Christian Academy
GENERAL HEALTH QUESTIONNAIRE

To Parents and Guardians:

The following health information is needed for accurate school records. **VCA requires all parents of new students to submit this form as part of the admission process and requires all parents of current students to update this information every year.** FAILURE TO DISCLOSE THIS IMPORTANT INFORMATION MAY BE CAUSE FOR DISMISSAL. Please return this completed form along with your complete student application or re-admission application.

Students' Full Name: _____ Birthdate: _____

Birthplace: _____ Age: _____ Enrolling Grade: _____

Present Address: _____

Parent's or Guardian's Full Name: _____

The following information will help the school staff and Health Coordinator to understand your child better:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> ADD |
| <input type="checkbox"/> 4/+ colds a year | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> German Measles | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Measles | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Strep throat | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Current I.E.P |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Scarletina | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> other _____? | <input type="checkbox"/> Learning disabilities |

Please check any of the following symptoms, which have been noted:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Bee Sting Reaction | <input type="checkbox"/> Frequent Stomach Aches |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Blood Clotting Disorder | <input type="checkbox"/> Poor Appetite |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Tires Easily | <input type="checkbox"/> Frequent Urination |
| <input type="checkbox"/> Frequent Earaches | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Frequent Stytes | <input type="checkbox"/> Allergies (If yes, please specify) _____ |
| <input type="checkbox"/> Pains in legs or joints | <input type="checkbox"/> Convulsions | _____ |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fainting Spells | _____ |

Please specify any regular medication(s) given: _____

Does this medication need to be taken during school hours? _____ If so, when? _____

Middle and high school students may carry their inhalers with them, IF the inhaler has a pharmacy label and a permission note from the parents or guardian is on file in the office.

Comments regarding your student's physical or emotional health that should be called to the school Nurse or Health Coordinators attention (Include chronic health problems, operations, injuries, or deformities): _____

Most Recent Tetanus booster: _____ Immunizations up to date? _____

Family Physician: _____ Phone Number: _____

Date: _____ Parent's Signature: _____

Office use only Updated Sycamore _____ Date: _____ Initials: _____

Payment Preference Form

Tuition, Books and Fees for the 2019-2020 will be paid by one of the three options below. Please complete and return this sheet to the school office with your registration forms.

Family Name _____

Student(s) Names _____

Signature

Date

I want to automatically roll over my current FACTS agreement to the 2018-2019 year on the same date as last year or as I have indicated below. I have selected my payment option below. I *do* *do not* want the peace of mind insurance for \$14.00 more per year. I understand my FACTS enrollment fee of \$38.00 will be taken from my account within 14 days of their receipt of my intentions.

If I do not select something different on this sheet, then I am indicating that I want my agreement rolled over exactly like last year.

 Option 1: Payment in full by June 1st - One single payment to the school office. Tuition paid in full by June 1st receives a 1% discount. Discount voided in the event the payment is not received by the deadline. **If payment is not received by the school by June 1st, payment must be made through FACTS.**

 Option 2: 12-monthly payments paid through FACTS - beginning in the month of June. FACTS is an automatic bank payment (ACH) through your checking or savings account, made either on the 5th or the 20th of each month. **\$38.00 annual FACTS enrollment fee* - Check 5th or 20th of the month.**

 Option 3: 11-monthly payments paid through FACTS - beginning in the month of July. FACTS is an automatic bank payments (ACH) through your checking or savings account, made either on the 5th or the 20th of each month. **\$38.00 annual FACTS enrollment fee* - Check 5th or 20th of the month.**

 Option 4: I will be applying for School Choice Voucher or SGO this year. Any unpaid balances must be taken care of using option 1, 2, or 3 above. I have marked my choice above.

* The FACTS enrollment fee will automatically be deducted from your specified account **within 14 days** of the date your agreement is posted to the FACTS system.

Note: You may also select to pay your monthly tuition with a charge card for an additional convenience fee to cover the cost of FACTS transaction fees each month. Please call FACTS at 1-800-233-1096 for more information.

Commitment to A Godly Lifestyle For 5th- 12th Grade Students

Parents please discuss this with your student(s) then sign and return with your registration form.

I, _____, commit to live a godly lifestyle as
(Name of Student)

described in the Bible while attending Victory Christian Academy. While enrolled at VCA, I commit (both in and out of the school building) to:

Honor Christ by abstaining from:

- ❖ Illegal Drugs
- ❖ Inappropriate use of over-the-counter medications
- ❖ Alcohol
- ❖ Smoking
- ❖ Stealing
- ❖ Bullying of any kind including social media and technology
- ❖ Immoral Behavior (any type of sexual activity)
- ❖ Use of profane or obscene language or actions
- ❖ Inappropriate use of the internet, media, or technology to view, listen to, or post materials that violate the Scriptures and dishonor Christ
- ❖ Promoting lifestyles that run counter to God's word (the Bible)

I will respect the Lord, Jesus Christ and represent Him and my school in a godly fashion. I will treat my teachers and the staff of Victory Christian Academy with respect verbally and physically.

I understand that if I violate my commitment to a godly lifestyle, my enrollment at VCA may be in jeopardy.

Signature of Student

Date

Signature of Parent(s) in Support of
Child's Decision

Date