

Application

VICTORY CHRISTIAN ACADEMY

APPLICATION FOR RE-ENROLLMENT

rcd 'A' 'B' 'I' _____
pd\$ _____
ck# _____

PLEASE PRINT OR TYPE

Date of Application _____ Academic Year _____ Grade Entering _____

PERSONAL

Student's Name _____ Sex _____
Last First Middle

Birthdate _____ Birthplace _____ Age _____

Address _____ Phone _____
Street City Zip

Church Membership _____ Pastor _____

Church Address _____

Ethnicity African-American Anglo/White Asian/Pacific Islander Hispanic Native American Other

EDUCATION HISTORY

List in order all schools previously attended. Begin with the most recent.

<u>School Name</u>	<u>City</u>	<u>Grades Attended</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which public school would the student ordinarily attend? _____

Has the student ever been suspended or expelled? If yes, explain briefly and/or make attachment. _____

Does the student have a professionally documented learning disability? If yes, explain briefly or make attachment. _____

FAMILY

(If church employee, please include position and hours per week.)

Father's Name _____ Cell Phone: _____
Last First Middle

Address (if not living with student) _____

Employer's Name _____ Phone _____

Employer's Address _____

Church Membership _____ Pastor _____

Highest College Degree _____ Years of Educ. Completed _____ E-mail Address _____

Mother's Name _____ Cell Phone: _____
Last First Middle

Address (if not living with student) _____

Employer's Name _____ Phone _____

Employer's Address _____

Church Membership _____ Pastor _____

Highest College Degree _____ Years of Educ. Completed _____ E-mail Address _____

Other Guardian's Name _____ Cell Phone: _____
Last First Middle

Address (if not living with student) _____

Employer's Name _____ Phone _____

Employer's Address _____

Church Membership _____ Pastor _____

Highest College Degree _____ Years of Educ. Completed _____ E-mail Address _____

Please complete back side of form also

Names of brothers and sisters
not enrolled now at Victory

Christian Academy

Ages

If school age, where enrolled

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about Victory Christian Academy? elementary school at church phone book LHS alum another Victory family other
Explain "other" or which Victory family? _____

What were the primary factors in making your decision to apply to Victory? _____

STUDENT AGREEMENT

1. I desire to receive a Christian Education at Victory Christian Academy.
2. I am committed to follow the rules, to work hard and to help maintain a Christ-centered atmosphere at school.

Student Signature _____ Date _____

Parental Agreement

We herewith concur with the enrollment of our student and accept all school regulations as set forth in the *Handbook*. We understand that the registration fee for enrollment is non-refundable. In order to assure the best possible success of our student at Victory Christian Academy, we will support the school in Christian training in every way possible. We understand that this application will not be officially considered or processed for admission until all paperwork and registration fee is received by the school. We understand our financial responsibility, the school refund policy and are committed to meeting tuition obligations fully and in a responsible and timely fashion. We understand that each enrollment is for one year at a time. **We have fully informed the school of any physical, emotional or educational disabilities our student may present and any special needs required.** We certify that all statements made on this enrollment form are correct, accurate and complete. We will work hard to support the teachers and the general mission of the school through prayer and participation.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

We give our permission to publish our name, address and phone number in a school directory. This would only be available for the information of other parents. _____ Yes _____ No

Name/address/signature of person(s) responsible for payment of tuition and fees *if different from names above.*

Name _____

Address _____

Social Security Number _____ Phone _____

Signature _____ Date _____

Anticipated Payment Schedule (International Students Please see Separate Payment Plan through IEM)

- A. () 1 Payment - due July 1
*All who wish to distribute their tuition expense monthly, are required to participate in the **Vanco Simply Giving** tuition plan which will permit the payment schedule below. For more details ask for a brochure and application.*
- B. () 2 Payments - due July 1 and December 1
- C. () 11 Payments - due monthly July through May (date of withdrawal selected by parent for **Vanco Simply Giving** program)

Return to Victory Christian Academy:

9th – 12th Grade: 810 Buena Vista Way · Chula Vista, CA 91910-6853 · 619.262.4444 · Fax 619.872.0974

K – 8th Grade: 497 "E" Street · Chula Vista, CA 91910-2445 · 619.420.6233