



Application to Victory Christian School

Date of Application	Applying for grade
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Student Information

Last Name	First	Middle
Goes by	Date of Birth	Student lives with
Email		

Parent Information *Please list the father's information first unless he does not live with the student; if the student lives with the mother or another guardian list that person first.*

Parent #1

Title (Rev. Dr. Mr. Mrs. Ms.)	Last	First
Street Address		Apt #
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

Parent #2

Title (Rev. Dr. Mr. Mrs. Ms.)	Last	First
Street Address		Apt #
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

Billing Information for Responsible Party *(if different from above)*

Last	Title (Rev. Dr. Mr. Mrs. Ms.)	First	Mailing Address (if different)		
Street Address		Apt #	City	State	Zip
City	State	Zip	Home Phone		
Cell Phone		Work Phone	Ext	Employer	

Sibling Information

Name	Age	Grade	School
Name	Age	Grade	School
Name	Age	Grade	School
Name	Age	Grade	School

If you have any children of school age who will not be enrolling in VCS, please explain the reason(s):

Church Background

Church Affiliation

Has the student made a profession of faith in Jesus Christ?

At what age?

Has the student been baptized?

At what age?

Which best describes the student's church attendance?

- Active in church Attends occasionally
- Attends Sunday School or church only Attends few times a year

Which best describes the parent(s)' church attendance?

Parent #1

- Active in church Attends occasionally
- Attends Sunday School or church only Attends few times a year

Parent #2

- Active in church Attends occasionally
- Attends Sunday School or church only Attends few times a year

Is your family a member of a church?

Does your family attend church together?

Yes No

Briefly explain why you want a Christian education for your child.

Why did you choose VCS?

Who referred you to VCS?

Educational Information

List all of the schools the student has attended, including kindergarten. *Please be sure to include the **complete** mailing address of the most recent school.*

School

Reason for leaving

City/State

Grade(s)

Mailing address of the most recent school

Street Address or PO Box

Fax number

City

State

Zip

Phone number

Has the student ever repeated a grade?

Yes No

If yes, what grade(s)?

Reason?

Has the student ever had any serious discipline problems, been suspended, or expelled from school?

Yes No

If yes, please explain:

Has the student ever been referred or tested for learning disabilities or special education?

Yes No

If yes, please explain:

What prompted you or the school officials to recommend the testing?

Does the student have any physical or emotional problems that require special medication? Yes No

If yes, please explain:

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitude which this student has:

Medical Information

Is the student allergic to any medication? Yes No

If yes, what medications?

Is the student allergic to ant bites? Yes No

Bee stings? Yes No

Specific foods? Yes No

Other allergies:

List any medication the student is currently taking:

Check any diseases your student has had:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Other _____ |

List any handicaps or limitations this student has (including speech, hearing, vision, coordination, learning, etc.):

Miscellaneous Information

Please list any and all persons authorized to pick up your student:

Name	Relation
Name	Relation
Name	Relation
Name	Relation
Name	Relation

Do you currently owe a balance to any previous school? Yes No

If yes, please explain:

To be filled out by students applying for grades 6-12
Please explain why you would like to attend VCS:

Medical Release Form

Physician/Hospital Information

Child's physician	Phone
Hospital preference	

Insurance Information

Insurance company	Group #		
Policy number	Employer	Policy holder	
Phone number for insurance verification	Fax number		
Mailing address for claims (or PO Box)			
City	State	Zip	Phone number

Emergency Contact Information

Contact #1

Last	Title (Rev. Dr. Mr. Mrs. Ms.)	First
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

Contact #2

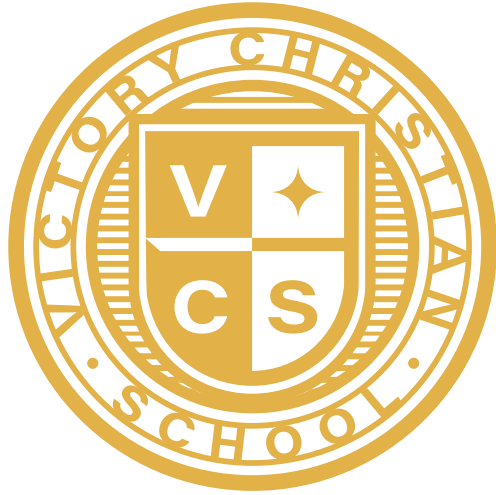
Last	Title (Rev. Dr. Mr. Mrs. Ms.)	First
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

In the event that my child needs medical attention and Victory Christian School is unable to reach me, I authorize the persons named as emergency contacts to speak and act on my behalf for my child's welfare.

I further release the staff of Victory Christian School and Victory Baptist Church from any and all liabilities in connection with the administering of first aid and other necessary medical attention required for my child.

In the event of an emergency when neither I nor my authorized emergency contacts can be reached, the school authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

Parent Signature	Date
Parent Signature	Date



Transcript Request Form

I, _____, authorize Victory Christian School (VCS) to request any and all records, including but not limited to medical, attendance, disciplinary, psychological, and academic information for my child, _____, date of birth ___/___/___

Dear Guidance Counselor,

_____ has enrolled in school at VCS. Please send all permanent records, including a copy of the student's social security card, birth certificate, immunization records, discipline records, attendance and academic records, standardized test scores, and any other pertinent information.

Thank you,
VCS Guidance

Email info@victorychristianschool.com

Fax (803) 442-9355

Address 620 W. Martintown Rd. North Augusta, SC 29841

Phone (803) 278-0125

Application Checklist

- Completed application
- Medical Release Form* signed
- Transcript Request Form* signed
- Copy of student's immunization record on the SC DHEC 1148 form
- Copy of birth of certificate
- Copy of student's last report card
- List of credits earned so far (for students 9th-12th)
- Letter of recommendation from a student's pastor or youth pastor (for students 7th-12th)
- Letter of recommendation from another adult who is not related (for students 7th-12th)
- Application Checklist* signed and dated

I hereby certify that I have read and accept the following:

- *Philosophy of Christian Education*
- *Statement of Faith*
- *Student Standard of Conduct*
- *Statement of Agreement and Cooperation*
- *Other Admissions Policies and Procedures including the attendance/tardy policy found in Section IX.B*
- *Tuition Price List*
- *Medical Release Form*
- *Transcript Request Form*

I furthermore accept the conditions and requirements of all other official policies and procedures of Victory Christian School.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Student Signature	Date