



Student Information Form

Student Information

Student Name		Cell Phone	
Date of Birth	Grade	Goes By	

Primary Parent /Guardian

Name		
Mailing Address		
City	State	Zip
Cell Phone		
Work Phone		
Email		

Parent / Guardian

Name		
Mailing Address		
City	State	Zip
Cell Phone		
Work Phone		
Email		

Emergency Contact

Contact (1) Name	Contact (1) Phone
Contact (2) Name	Contact (2) Phone

Authorized Pickup List

If you would like your student to be picked up by someone other than the Parent/Guardian listed above, please complete the following information:

Name	Relationship to Student
Cell Phone	
Name	Relationship to Student
Cell Phone	
Name	Relationship to Student
Cell Phone	

Continued on back



Medication Administration

Please check only one



VCS IS NOT AUTHORIZED to administer medication to my child. I understand I will be contacted.

VCS HAS MY PERMISSION to administer the following medications to my child as needed. I understand I will be notified if a symptom or complaint is persistent or if a pattern of medication administration becomes evident.

Acetaminophen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose: mg	Frequency: every 4-6 hours
Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose: mg	Frequency: every 6-8 hours
Pepto-Bismol tab	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose: tab(s)	Frequency: every 4 hours
Cough drop	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose: drop	Frequency: every hour
Antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose: 1 application	Frequency: as needed

Please list any allergies:

Handbook & Policies

Initial	I have read the complete Student Handbook - a copy of our student handbook can be found at victorychristianschool.com
Initial	I AGREE to the Substance Testing policy. - Policy can be found in the student handbook
Initial	I AGREE to the Standard of Conduct policy. - Policy can be found in the student handbook
Initial	I AGREE to the Senior Contract/Graduation Requirements (Graduating seniors and their parents).
 Photo Policy	<input type="checkbox"/> I DO give permission <input type="checkbox"/> I DO NOT give permission <small>*I understand that these pictures may be used on the school's website, social media, brochures, parent communications, online or otherwise used for bulletin boards.</small>
 Lunch Policy	<input type="checkbox"/> I DO give permission to charge <input type="checkbox"/> I DO NOT give permission to charge <small>*any student that is allowed to charge must have a credit card on file in the finance office.</small>

By signing, I AGREE to follow the policies and procedures of Victory Christian School for myself, my student, and my family.

Parent Signature
Student Signature (6th-12th Grades)
Date

