

# Application

Victory Christian Academy

## APPLICATION FOR NEW ENROLLMENT

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 of Birth \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Other Guardian's Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ 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(s) \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anticipated Payment Schedule (International Students Please see Separate Payment Plan)**

- A.    ( ) 1 Payment - due July 1
- B.    ( ) 2 Payments - due July 1 and December 1
- C.    ( ) 10 Payments - due monthly Sept-June

**Return to Victory Christian Academy:**

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

