VICTORY CHRISTIAN ACADEMY

ENROLLMENT FINANCIAL AGREEMENT 2025-2026

Victory Christian Academy is a non-profit institution with an annual budget dependent upon the tuition of its students and gifts of friends to meet the expenses of operation. All contributions and gifts are tax deductible.

**Student space is limited. We cannot hold a space for your child until the enrollment fee is paid.**

Tuition is payable as follows:
Re-Enrollment fee is due with student application.

Book Fee is due by **June 30th**, **2025**.

The first tuition payment **must** be paid by **August 1st, 2025**, or Paid in Full Tuition.

Monthly payments begin in **August 2025** and go through **May 1st, 2026.**

Monthly payments are due on the 1st day of each month, August through May. All payments are considered late after the 5th day of the month and a late fee will be charged.

**Monthly Payment Structure**

|  |  |
| --- | --- |
| **Enrollment Fee** | New Students: $100/ Returning Students: $50 (Non-Refundable) |
| **June 30th** | Book Fees – Due in Full |
| **August 1st**  | 1st Month’s Tuition |
| **August - May** | Regular Tuition Payments |

**Enrollment Fee and Tuition Fee Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Students Per Family** | **EnrollmentFee** | **Tuition(10 Month)** | **Annual \*Tuition \*\*** |
| One | New: $100Returning: $50 | Elementary-Middle - $375Highschool - $375 | Elementary-Middle - $3750Highschool - $3750 |
| \*Additional Siblings | New: $100Returning: $50 | Elementary-Middle - $350Highschool - $350 | Elementary-Middle - $3500Highschool - $3500 |

**\* 10% Discount is applied to First Responders or Veterans**

I, the undersigned, upon enrolling my child in Victory Christian Academy, do understand that each month's tuition payment is due on the 1st day of said month. I pledge to pay my full financial obligations to Victory Christian Academy on or before the 1st day of each month. I understand that if my payment has not been received by the VCA office by 3:00 pm on the 5th day of the month, my account is considered to be in arrears and a late fee of $25 will be charged. If the 5th day of the month falls on a weekend, this deadline is extended through Monday.)

I further acknowledge that academic records will not be released for students whose accounts are not current.

I understand that Victory Christian Academy is dependent upon tuition payments to meet its operating expenses. I furthermore acknowledge that in an effort to keep my account current, the following measures will be taken by the administration of Victory Christian Academy:

* If not paid by the 5th day of the month- I will receive a reminder letter and will be charged a $25 late fee.
* If not paid by the 10th day of the month - I will receive a phone call from the administrative office.
* If not paid by the 10th day of the month –*At this point an account is considered delinquent and you will be called, and student will not be allowed to return to class until paid in full*

I acknowledge that Victory Christian Academy reserves the right to dismiss any student whose financial obligations remain unpaid after 30 days. Students will not be admitted to class and no work given when payments are one month in arrears.

I realize that all enrollment fees are non-refundable, non-transferable fees. If one day of any month is attended, the full tuition for the month will be charged.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 **Financial Agreement Cut and return to VCA office.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Father (Guardian) Signature of Mother (Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date Date

*Re-Enrollment Offer*

**VICTORY CHRISTIAN ACADEMY**

**ENROLLMENT/EMERGENCY FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use:**Date Entered: | **Office Use:**Grade: \_\_\_\_\_\_\_\_\_\_\_\_ | **Office Use:**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_ | **Office Use:**Medical Alert( ) YES ( ) NO |

\*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

\*Birth date: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: ( ) Male ( ) Female Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Student Resides with/Legal Custody: ( ) Both parents ( ) Mother ( ) Father ( ) Stepparent ( ) Grandparent ( ) Other

\*Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\*Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Emergency Contact:

(Please list people that your child may be released to if we are unable to contact you)

\*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Relation to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Relation to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESCRIPTION ADMINISTRATION AUTHORIZATION**

**AUTHORIZED PICK-UP**

I authorize the individuals listed below to alternatively pick up my child(ren) from Victory Christian Academy. I will inform my child’s teacher/front office whenever a special pick up with one of the authorized individuals below is necessary. I understand that my child will only be released to the individuals listed below, and that I must give authorization prior to school drop-off/pick-up time. I also understand that the persons listed below must provide proper legal identification (i.e., driver’s license) each time that they arrive at the school for a alternate pick up. If an individual is not listed on this form that person will not be allowed to pick up your child(ren) for any reason. A telephone call will not be sufficient to release the child to that individual.

Parent/Legal Guardian’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child Phone

Victory Christian Academy Authorized Pick-Up Form

|  |
| --- |
| **This portion to be completed by the student’s physician.** **If any of this authorization information is altered in any way, the form is void.** This authorization is for the \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ school year OR effective until: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_  |
|   |
|  **Student’s Information** Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_  List all currently prescribed medications:  Medication Generic Name Dosage Amount Time to be Administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note any untoward side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Prescribed Inhalant(s)** This student is both capable and responsible for self-administering this medication: No Yes- Supervised Yes- Unsupervised This student may carry this medication: No Yes  Physician / Legal Prescriber’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_  |

Victory Christian Academy Prescription Authorization Form

**This portion is to be completed by the student’s parent/legal guardian.**

**If any of this authorization information is altered in any way, the form is void.**

Parent / Legal Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

**Medication orders must be renewed by the attending Physician and the release signed by the parent / legal guardian annually. Each medication requires its own form, and any change in medication requires a new form. The parent/legal guardian is responsible for ensuring that medications provided have not expired.**

**HEALTH INFORMATION**

Attach the Physician Release Form

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_

Health Problems (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent Health Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

# General Information

# Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ School Year \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ Grade to Enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student’s Information**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt./Ste. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ \_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Male / Female US Citizen: YES / NO

|  |
| --- |
|   |

# Previous School Information

Most Recent School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Recent Grade (Circle One): K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

 School Year Attended \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Full school year attended? YES / NO

**Academic Information**

Please list all subjects and letter grade received for the last grading period:

Subject Grade Other Areas of Involvement

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has been the student’s average citizenship / conduct grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever repeated a grade? YES / NO If yes, which grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Behavioral History

Has the student ever been suspended from school? YES / NO If yes, which grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been expelled from school? YES / NO If yes, which grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been arrested? YES / NO If yes, which grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever undergone counseling for discipline, family, psychological, or other reasons? Y / N

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have a history of the following:

|  |  |
| --- | --- |
| Smoking/Vaping Alcohol Does the student presently do any of the following: Smoking/Vaping Alcohol  | Drug Use Drug Use  |

Is the student willing to refrain from all smoking/vaping, alcohol, and drug use if they are accepted at

VCA? YES / NO

(None of the above are allowed to be brought on or used while on the VCA campus)

|  |
| --- |
|   |

Why have you decided to have your student attend VCA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I certify that, to the best of my knowledge, the information provided above is true and accurate.***

Parent / Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

Victory Christian Academy Prospective Student Form

# STANDARD OF CONDUCT

Victory Christian Academy holds that the Bible is the infallible Word of God and that salvation by faith in Christ is the initial step in the Christian life. There is adequate Biblical basis for the idea of spiritual growth into the image of Christ. (Romans 8:29) through the work of His Spirit (I II Corinthians 3:18). This growth begins at the initial moment of saving faith (John 3:5; Acts 2:38), and continues throughout life. The Spirit of Christ guides the Christian conscience to live a holy life which fulfills both God’s moral law and high law of love (Matthew 22:37-39; Romans 13:8-10; Galatians 5:14). The result is a life consecrated unto God and separated from worldly activities.

A sense of the need for spiritual growth in our students has led VCA to adopt the following standards which are based upon biblical principles and are conducive to the spiritual growth and development of each child. Students are expected to abide by the following standards throughout their enrollment, whether at home, school, or elsewhere and regardless of whether or not school is in session.

1. Maintain Christian standards in courtesy, kindness, honesty, morality, dress, and entertainment.

1. Avoid participation in worldly activities such as swearing or indecent language; inappropriate online or social media content, body piercing or tattoos; smoking in any form, including e-cigarettes and vaporizers; possession or use of alcoholic beverages, drugs, tobacco, or related products; involvement in the occult; gambling, stealing; inappropriate movies, re-enacting movies, pornography; premarital sex; promoting or participating in homosexual or transgender lifestyles or other lifestyles contrary to scripture; involvement in music with lyrics teachings ideas contrary to scripture.
2. Refrain from harassment, fighting, violence, or threats of any kind regardless of provocation; public disruptions or exhibitionism in any form; promoting a division or divisive spirit through symbols, pictures, writings, flags, banners, slogans, gang related items, or divisive activism.

Students found to be out of compliance or harmony with Victory Christian Academy Standards of Conduct will be subject to administrative withdrawal. Any student who has been arrested by public law enforcement authorities will be suspended until such time as that student is adjudicated either guilty or not guilty. Any student who is adjudicated guilty will be transferred out of Victory Christian Academy.

Victory Christian Academy has an open enrollment and therefore some of our students may not be Christians; however, our desire is to see all of our students become Christians. Whether a student has made a personal decision to become a Christian, each student will be expected to abide by these Standards of Conduct and maintain Christian standards.

Victory Christian Academy Standard of Conduct

# STANDARD OF CONDUCT SIGNATURE CARD

*I have read the Standards of Conduct for Victory Christian Academy and while enrolled at VCA I agree to cooperate with and abide by these standards whether at home, school, or elsewhere.*

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*As a parent, I have read the Standards of Conduct. I will cooperate with Victory Christian Academy by seeing that my son/daughter maintains these high Christian standards whether at home, school or elsewhere.*

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

**Prospective Student Admission Decision**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade to Enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female Grade Repeated? \_\_\_\_\_\_\_\_\_\_\_ Enrollment Card Ok? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Background Ok? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading Proficiency/Addition Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Score \_\_\_\_\_\_\_

**Accepted** \_\_\_\_\_\_\_

\_\_\_\_\_ Accepted on academic condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Accepted on another condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Must repeat the grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Must attend summer school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rejected** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Academic Reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Behavior Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Standards of Conduct Questionable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victory Christian Academy Standard of Conduct

**STATEMENT OF COOPERATION AND WAIVER OF LIABILITY**

Parents are expected to cooperate with and support Victory Christian Academy, and its teachers in the education and discipline of their child (children) both in the classroom and during other related school activities. At VCA we believe that discipline and structure is necessary for the welfare of each student I give permission and understand that my child’s teacher and/or the administrator of Victory Christian Academy may enforce classroom regulations through gentle guidance, restriction of privileges, and /or detention. Parents will be kept informed of any disciple guidance that must be made, and if necessary a parent-teacher conference will be scheduled. Students may forfeit the privilege of attending Victory Christian Academy if they continually refuse to abide by the policies set forth by VCA. Victory Christian Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of Victory Christian Academy, does not conform to the spirit of VCA. I further understand that Victory Christian Academy policy prohibits refunds of registration fees or the first tuition payment and any thereafter.

In the event that a VCA photographer takes a picture with my child in it, either individually or in a group, I give permission for my child’s picture to be used in future Victory Christian Academy advertising material, and other Victory Life Tabernacle publications.

I give permission for my child, whose name is set forth below, to take part in all activities including, without limitation, transportation to and from school, Victory Christian Academy sponsored trips away from the VCA campus. I indemnify and exclude Victory Christian Academy, its affiliates, teachers, and aids harmless from any liability in the above-mentioned activities. I understand Victory Christian Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed below attends Victory Christian Academy, whether it be in Elementary, Junior-Senior High or Summer School. Any references herein to “child’ shall include and refer to all of the children listed below which I affirm are under my legal care as their parent or as their legal guardian.

Child(ren)’s Name and Grade: Signature of Parents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Mother Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Father Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Legal Guardian Date

Victory Christian Academy Statement of Cooperation and Waiver of Liability