

Victory Christian Academy
310 Carolina Avenue * Gastonia, NC 28052
Phone: 704-865-7132

I, _____, hereby make application for the admission
(Name of Parent or Guardian)
of my child to Victory Christian Academy and submit the following data for your information.

Child's Name: _____ **Grade:** _____
(Last) (First) (Middle)

Student's Social Security Number: _____ - _____ - _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____ / ____ / ____ Race: _____ Sex: _____

Place of Birth: _____

Father's Name: _____ **Phone:** _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

Address: _____
(Street) (City) (State) (Zip Code)

Occupation: _____ Employer: _____

Employer's Address: _____ Phone: _____

Mother's Name: _____ **Phone:** _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

Address: _____
(Street) (City) (State) (Zip Code)

Occupation: _____ Employer: _____

Employer's Address: _____ Phone: _____

INFORMATION ABOUT MY CHILD:

Does your child have any known allergies (such as dust, drugs, plants, animal, food, bee sting, etc.) If yes what are they?

Please give any information concerning your child which will be helpful in his experience in group living (such as play, eating habits, special fears, special likes and dislikes.)

EMERGENCY CARE INFORMATION:

Name of child's doctor: _____ Office Phone: _____

Office Address: _____
(Street) (City) (State) (Zip code)

Name of child's dentist: _____

Office Address: _____
(Street) (City) (State) (Zip code)

Hospital Preference: _____

If neither father or mother (or guardian) can be contacted, call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date: _____ Signature of Parent or Guardian: _____

I, as operator, do agree to provide transportation to an appropriate medical resource in the event or emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full time custodian. Provisions will be made for adequate and appropriate rest and out-door play.

Signature of operator: _____

Health/Accident Insurance Information:

Name of Company: _____

Policy #: _____

Insured's Name: _____

VCA Insurance is Secondary Coverage: Brotherhood Mutual

Policy #: 32MO363401

6400 Brotherhood Way P.O. Box 2227, Fort Wayne, IN 46801

Church Preference : _____ Check if Member : _____

Marital Status : Married _____ Divorced _____ Separated _____
Father : Deceased _____ Remarried _____
Mother : Deceased _____ Remarried _____

Pupil lives with :
Both Parents _____ Father _____ Mother _____ Guardian _____

Language spoken in home : _____

	Number Older	Number Younger	Number in School
Brothers :	_____	_____	_____
Sisters :	_____	_____	_____

IN MAKING APPLICATION, I AGREE :

1. My child will go on all scheduled field trips and other school activities. (state otherwise) _____
2. The school has full discretion in the classroom discipline of my child.
3. The administration has full responsibility for level placement of my child.
4. To abide by the dress code.
5. The school reserves the right to dismiss any student who does not respect its spiritual and moral standard or cooperate in the educational process.
6. My cooperation is expected in :
 - (a) Regular Tuition Payments
 - (b) Practical Help
 - (c) Faithful Prayer

Signature of both parents preferred, one will be accepted.

Father : _____ Mother : _____

Who will be responsible for picking up your child(ren)?

Father : _____ Mother : _____

Other : _____ Relationship : _____

STUDENT MEDICAL REPORT

Name of Child : _____ Age : _____ Birth Date : _____

Name of Parent : _____

MEDICAL HISTORY (May be completed by parent)

1. Previous hospitalization : Yes _____ No _____ If so, Why? _____

2. Is Child allergic to anything? : Yes _____ No _____ If so, what? _____

3. Any previous diseases or illness : Yes _____ No _____ If so, what? _____

4. Any operations? Yes _____ No: _____ If so, for what? _____

5. Any physical handicaps? Yes _____ No _____ If so, what? _____

6. Is child under care of a doctor? Yes _____ No _____ If so, for what reason? _____

7. Any history of mental retardation? Yes _____ No _____

8. Any history of convulsions? Yes _____ No _____

9. Any history of diabetes in family? Yes _____ No _____

10. Any history of heart trouble? Yes _____ No _____

(Parent Signature)



VICTORY
CHRISTIAN ACADEMY

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SCHOOL RECORD REQUEST FORM

Date: _____

To: _____

Student: _____
Date of Birth: _____
Grade: _____

The above named student has enrolled at Victory Christian Academy. Please send us the following information.

- ____ 1. Official transcript
- ____ 2. Standardized achievement test scores.
- ____ 3. Aptitude test scores.
- ____ 4. Grades at time of withdrawal (if during the school year).
- ____ 5. Copy of student's attendance.
- ____ 6. Students health and immunization records.

Thank you for your prompt attention to this request.

Sincerely,
VCA Administration

(Parental permission is no longer required when records are requested by authorized school personnel: Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).