

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

PRELIMINARY APPLICATION

Applicant's Name: _____
(Please Print) Last First Middle

Date of Birth: _____
 Month Day Year

Applying for Grade _____ **Beginning August, 20** _____

Present School _____ **Grade** _____

Parent or Guardian _____

Home Address _____
 Street

_____ **Daytime Phone** _____
City State Zip Code

e-mail address: _____
 (active e-mail address required)

_____ **Date**

_____ **Signature of Parent or Guardian**

Office Use Only

Scheduled Test Date: _____

Time: _____

Location: _____

Testing Fee: _____