



APPLICATION FOR ADMISSION

VICTORY CHRISTIAN SCHOOLS
3045 Garfield Avenue
Carmichael, California 95608
Phone (916) 488-5601

FOR OFFICE USE ONLY:

1. Date Application Received _____
 - a. _____ Student Questionnaire
 - b. _____ Parental Agreement
 - c. _____ Academic Reference
 - d. _____ Church Reference
 - e. _____ Report Card/Transcript
 - f. _____ Achievement Test Scores/SAT
 - g. _____ Birth Certificate
 - h. _____ Immunization Record
 - i. _____ Hepatitis B Immunization
2. App Fee Ck# _____ Date _____ Cash _____
3. Reg Fee Ck # _____ Date _____ Cash _____
4. Tuition Paid \$ _____
Ck # _____ Date _____ Cash _____
5. Entrance Test _____
 - a. Accepted _____ Probation _____
 - b. Rejected _____
6. Interview/Date _____

Applying for grade level _____ (K-12)
Applying to begin school _____
(month/year)

Campus (circle one):
Fair Oaks Campus (K-8)
Carmichael Campus (K-6)
Garfield Campus (7-12)

Birthdate: _____
Birthplace: _____

STUDENT NAME (LEGAL) _____
Last First Middle

Male _____ Female _____ Social Security # _____ Telephone _____

Reason for making application to Victory Christian Schools: _____

Please tell us how you heard about Victory Christian. If current VCS family recommended us, please give their name(s):

FAMILY BACKGROUND

Step/Father/Guardian: Name _____ Living with child: Yes/No
Deceased _____ Divorced _____
Address City Zip

Occupation _____ Business Phone: _____
Employer _____ / _____
Company Name Address

Step/Mother/Guardian: Name _____ Living with child: Yes/No
Deceased _____ Divorced _____
Address City Zip

Occupation _____ Business Phone: _____
Employer _____ / _____
Company Name Address

Children Living at Home:

Name	Birthdate	School attending
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

CHURCH AFFILIATION

Name of local church you attend: _____ Member? Yes / No
Address: _____ Phone _____
Pastor _____ Do you attend? Weekly / Occasionally

EDUCATIONAL BACKGROUND

School/Home School presently enrolled _____

Print Complete Address _____
street city state zipcode

Grade enrolled last year _____ Passed _____ Passed on probation _____

Retained in same grade _____ If so, grade _____

Grade Point Average (GPA) for previous year (7-12th) _____

Please attach copies of most recent achievement tests and report cards.

Please check any academic difficulties your child has had in school thus far:

- 1) Experienced difficulties in reading
- 2) Experienced difficulties in math
- 3) Participated in a special learning program
- 4) Has received tutoring
- 5) Has had a problem adjusting socially in school
- 6) Lacks self-motivation in doing school work
- 7) Has been inconsistent in classroom performance

Has applicant been a discipline problem in school? _____

Has applicant ever been suspended or expelled from school? Yes No If yes, please explain:

Has applicant ever used alcohol, tobacco, or drugs? Yes No If yes, please explain:

Has child, now or recently, had a health or psychological problem? Yes No If yes, give details on this or other problem with which the student needs special help from the teacher: _____

Has the student been in any difficulty with civil or juvenile authorities? If so, please explain carefully:

Victory Christian Schools is hereby granted permission to release certain information as deemed beneficial for my child(ren) such as information on athletic or academic awards and to organizations or institutions offering career opportunities to graduates.
yes no

TUITION PAYMENT PLAN (please indicate your choice)
 Monthly payments prorated on a ten-month basis, August 1 – May 1
 Pre-payment in full (2% discount if paid by July 15)

I have read and understand the **Tuition Schedule Terms and Conditions** and have read and signed a current **Parental Agreement**. I have discussed and received acceptable answers to any questions regarding tuition and other policies of the school. I understand and accept the policies of Victory Christian Schools, the personal commitment and financial responsibility incurred relative to this registration, and have committed myself to budget sufficient money to maintain a current account at all times.

SIGNATURE(S) OF PERSON(S) RESPONSIBLE FOR TUITION:

_____ /date _____ /date _____

PARENT/GUARDIAN SIGNATURE(S) (IF DIFFERENT FROM ABOVE):

_____ /date _____ /date _____

REFERENCES (7-12 ONLY)

Please have the attached church and academic reference forms completed to expedite the process or provide us with the following information so we may request the same.

1) Academic counselor or teacher:

Name _____ Phone _____

Address _____

2) Pastor or adult who can give reference on your spiritual character:

Name _____ Phone _____

Address _____

OFFICE USE ONLY

Reference forms sent to: 1) _____ Date _____ Initials _____
 2) _____ Date _____ Initials _____



APPLICANT CHECKLIST (7-12 ONLY)

Before mailing in this application, please be sure you have:

- ___ Attached most recent transcript
- ___ Attached most recent achievement test scores
- ___ Attached **completed** student questionnaire including testimony
- ___ Signed the Parental Agreement (both parents if living with applicant) and attached to application