

**VICTORY CHRISTIAN ACADEMY**  
**P.O. BOX 1009**  
**MILLBROOK, ALABAMA 36054**  
**334-285-5082**

APPLICATION FOR ADMISSION (1<sup>st</sup>-12<sup>th</sup>)

School Year 20 \_\_\_ to 20 \_\_\_

Student's Name \_\_\_\_\_ Called By Name \_\_\_\_\_  
(First) (Middle) (Last)

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_  
(Month/Day/Year)

Home Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code Phone #

Billing Address: Mr. or Mrs. \_\_\_\_\_  
(circle one) Name Relation to Student

\_\_\_\_\_ Street or P.O. Box City State Zip Code

Father's Name \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent's Email Addresses \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

Church Attended \_\_\_\_\_ Pastor \_\_\_\_\_

How did you hear about Victory? \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Does the student have any physical limitations or allergies? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Does the student take any medications on a regular basis, including behavior modification within the last year? No \_\_\_ Yes \_\_\_

Explain \_\_\_\_\_

Has the student been diagnosed to have ADD, ADHD? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is the student currently under the care of a psychiatrist, psychologist, or counselor? \_\_\_\_\_ If yes, for treatment or correction of what? \_\_\_\_\_

**SCHOLASTIC INFORMATION:** We are concerned that students attending Victory obtain the best education possible. Please answer the following questions honestly so that we will be able to determine if and how well we will be able to be an effective ministry to your student. *A negative answer does not mean your child will not be accepted.*

Name of Last School Attended \_\_\_\_\_

Mailing Address of School Last Attended \_\_\_\_\_  
Street City/State Zip Code

Does the student follow instructions given orally? \_\_\_\_\_

Does the student show anger outwardly by throwing things, hitting others, hitting other objects or other outbursts of temper?  
\_\_\_\_\_

Has the student been diagnosed to have any learning disabilities? \_\_\_\_ If yes, what? \_\_\_\_\_

How does the student respond to correction for behavior problems? \_\_\_\_\_

Briefly state why you would like for your student to attend Victory Christian Academy? \_\_\_\_\_

How do you handle disciplinary correction with your student? \_\_\_\_\_

Does the student accomplish their homework effectively & completely? \_\_\_\_\_

**ELEMENTARY & HIGH SCHOOL PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

Has the student ever been expelled, dismissed, suspended, or refused admission at another school? No \_\_\_\_  
Yes \_\_\_\_ Explain \_\_\_\_\_

Is the student currently, or have they within the last 3 years, been suspended from school or in an alternative school? No \_\_\_\_  
Yes \_\_\_\_ Explain \_\_\_\_\_

Currently or within the last 3 years has your student been disciplined for any corrective behavior or have you dealt with the school administration for any problems? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

Have you had to visit with school administration about any problems concerning the student? \_\_\_\_ If yes, what were the problems? \_\_\_\_\_

Has the student ever been arrested, in trouble with the law, used drugs or alcohol, etc.? No \_\_\_\_ Yes \_\_\_\_  
Explain \_\_\_\_\_

Has the student ever been involved in gang activity? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

Please indicate the academic level of student's previous work: \_\_\_\_ Excellent (A=93-100) \_\_\_\_ Good (B=85-92) \_\_\_\_  
Average (C=77-84) \_\_\_\_ Fair (D=70-76) Subjects Failed: \_\_\_\_\_

Has the student ever failed, been retained in school, or been on academic probation? No \_\_\_\_ Yes \_\_\_\_ Explain \_\_\_\_\_

**GRADES 7<sup>TH</sup> – 12<sup>TH</sup> VCA requires two letters of recommendation for entry into the school. (Pastoral preferred, but not required.) Please attach to application.**

**Signature of biological Father** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of biological Mother** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE STUDENT MAY NOT ATTEND VCA UNTIL WE HAVE BOTH BIOLOGICAL PARENTS SIGNATURES ON THIS FORM, OR LEGAL DOCUMENTATION STATING OTHERWISE. PLEASE CONTACT VCA IF BOTH SIGNATURES CANNOT BE PROVIDED.**

-----OFFICE USE ONLY-----

Interviewed on \_\_\_\_\_ at \_\_\_\_\_ Student is accepted / denied enrollment on \_\_\_\_\_  
(date) (time) (circle one) (date)

When/How Student Notified \_\_\_\_\_ In person / Acceptance Letter / Phone Call  
(date) (circle one)

Student may begin class on \_\_\_\_\_.

Transfer of Records Requested On \_\_\_\_\_.

Tuition amount \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_