

# **Victory Life Academy**

Submission of a student application does not assure enrollment but rather provides much of the information upon which a decision will be based.

**A non-refundable Registration Fee** must accompany this Student Application.

**(New students must also include their birth certificate, immunization record and most recent grade card.)**

If the student is placed on a class waiting list, the registration fee will hold his/her place until the second day of school. If no space becomes available by that time the student's name may be withdrawn from the waiting list and a full refund will be paid. (Voluntary withdrawal from the waiting list prior to the second day of school will result in the loss of the registration fee.)

Victory Life Academy reserves the right to make final decisions concerning student placement.

**STUDENT PERSONAL INFORMATION**      **GRADE ENTERING:** \_\_\_\_\_

Student Name (Last, Middle, First): \_\_\_\_\_

Goes by: \_\_\_\_\_

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

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

General Health: \_\_\_\_\_ Blood Type: \_\_\_\_\_

List any allergies, handicaps, or other pertinent health information:

\_\_\_\_\_

Race / Ethnicity: Requested but not required. Information is used for grant and funding proposals for VLA.

African American

Asian

Caucasian

Hispanic

Native American

Other: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

A. Father / Guardian: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Lives with student       Emergency Contact       Allowed to pick up student

A. Mother/Guardian: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Lives with student       Emergency Contact       Allowed to pick up student

**EMERGENCY CONTACTS**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Bus. Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Bus. Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Bus. Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

**MEDICAL CONTACTS**

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PEOPLE (OTHER THAN PARENTS) AUTHORIZED TO PICK-UP STUDENT FROM SCHOOL**

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

**SCHOOL ATTENDANCE HISTORY:** List all schools previously attended, beginning with the most recent.

School: \_\_\_\_\_ Year: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Has the student ever been denied admission to a school?      Yes    No

If yes, why? \_\_\_\_\_

Has the student ever been suspended or expelled from school?  Yes  No When? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Name of school: \_\_\_\_\_

**SPIRITUAL INFORMATION REGARDING THE STUDENT:**

Home Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Denomination: \_\_\_\_\_

Senior Pastor: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

Has the student accepted Jesus Christ as his/her personal Lord and Savior?      Yes    No   Year \_\_\_\_\_

Is the student living a Christian life to the best of his/her ability?      Yes    No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT / GUARDIAN QUESTIONNAIRE** [Attach additional sheets as necessary.]

What do you perceive to be your child's strengths?

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What do you perceive to be your child's greatest needs?

Spiritual: \_\_\_\_\_

Behavioral: \_\_\_\_\_

Academic: \_\_\_\_\_

Social: \_\_\_\_\_

Has your child used drugs, alcoholic beverages, or tobacco?     Yes     No

If yes, please explain in detail: \_\_\_\_\_

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How would you rate your child's attitude toward:

God .....  Positive  Negative

Parents .....  Positive  Negative

Authority Figures .....  Positive  Negative

Will your child be an asset or a liability to VLA? \_\_\_\_\_

Why? \_\_\_\_\_

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**PARENT AGREEMENT:** Please read and sign the attached forms.

**AFFIRMATION:**

I hereby affirm that all of the information contained in the student application is true and accurate to the best of my knowledge. I understand that false information can result in enrollment denial and dismissal from Victory Life Academy.

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Student Signature	Date
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Father / Guardian Signature	Date
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Mother / Guardian Signature	Date
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**STATEMENT OF NONDISCRIMINATION**

*It is the policy and practice of Victory Life Academy, in the admission of students or the hiring of employees, not to discriminate on the basis of the applicant's race, color, sex, national or ethnic origin, or reasonably accommodating disability.*