

# VILLAGE CHRISTIAN SCHOOLS

for office use only	
date _____	grade level _____
app checked by _____	b.d. verified _____ b.c. _____
app fee \$ _____	reg fee \$ _____
date entered _____	date withdrawn _____

## APPLICATION FOR ADMISSION

**NOTE TO PARENT/GUARDIAN:** Please complete the following information and return this application to our Admissions Office.

### APPLICANT'S LEGAL NAME *(As it appears on Birth Certificate or Passport)*

\_\_\_\_\_  M  F  
Last First Middle Preferred

Applying for admission to Grade \_\_\_\_\_ beginning \_\_\_\_\_, \_\_\_\_\_

Home Address \_\_\_\_\_  
Where applicant lives Number and street Apt.

\_\_\_\_\_ Home Telephone \_\_\_\_\_  
Town/City Zip Code

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Month/Day/Year City/State

Social Security Number \_\_\_\_\_ *(Necessary for standardized test identification)*

### FAMILY

Father's Full Name \_\_\_\_\_  VCS Alumni? \_\_\_\_\_ Year

Home Address (if different from applicant's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Name of Firm

Education (schools and degrees) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  VCS Alumni? \_\_\_\_\_ Year

Home Address (if different from applicant's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Name of Firm

Education (schools and degrees) \_\_\_\_\_

*Application for Admission continued*

If the applicant does not live with both natural parents, please complete this box:

Parents are:  Separated  Divorced  Mother deceased  Mother remarried  Father deceased  Father remarried

Who has custody?: \_\_\_\_\_

Applicant is not to be released to: **(A court order must be attached.)** \_\_\_\_\_

Stepfather's Full Name \_\_\_\_\_  VCS Alumni? \_\_\_\_\_ Year

Home Address (if different from applicant's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_  
Name of Firm

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Education (schools and degrees) \_\_\_\_\_

Stepmother's Full Name \_\_\_\_\_  VCS Alumni? \_\_\_\_\_ Year

Home Address (if different from applicant's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_  
Name of Firm

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Education (schools and degrees) \_\_\_\_\_

### BROTHERS AND SISTERS

Name	Birth Date	School	Grade
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Name	Birth Date	School	Grade
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Does this student have siblings applying to VCS? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Name(s) and Grade(s) \_\_\_\_\_

Did other children (siblings) in your family attend VCS? Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

Family Heritage:  White  Hispanic  Alaskan Native  Korean

(For statistical purposes only)  Black  Asian/Pacific Isle  American Indian  Other \_\_\_\_\_

## INDIVIDUAL TESTING INFORMATION

Has the applicant ever been tested for learning disabilities (e.g., ADD, ADHD, dyslexia, etc.)?  Yes  No

If "Yes" and an I.E.P. (Individual Education Program) is available, please provide a copy. If no I.E.P. is available, please indicate test results and attach a copy of any documentation you may have.

Is applicant, or has applicant ever been in counseling? (Please explain briefly.) \_\_\_\_\_

Check the following health concerns if applicable (complete information is required on the Emergency Information form during registration):

Asthma  Bee Sting Allergy  Diabetes  Epilepsy  Heart Condition

Life-threatening Food Allergy (requiring an EpiPen®) to: \_\_\_\_\_

### SCHOOLS

PRESENT GRADE \_\_\_\_\_ PRESENT SCHOOL: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PREVIOUS SCHOOLS ATTENDED:

School Name	Address	Dates Attended	Telephone #

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### ADDITIONAL INFORMATION

What prompted you to contact Village Christian Schools? (Check ALL that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alumni (self or family member) | <input type="checkbox"/> Newspapers (which): _____      | <input type="checkbox"/> Postcard                 |
| <input type="checkbox"/> Current school or preschool    | <input type="checkbox"/> Magazines (which): _____       | <input type="checkbox"/> Radio (which): _____     |
| <input type="checkbox"/> Church                         | <input type="checkbox"/> Open House                     | <input type="checkbox"/> TV (which): _____        |
| <input type="checkbox"/> Flyer                          | <input type="checkbox"/> Phone call from VCS            | <input type="checkbox"/> Web sites (which): _____ |
| <input type="checkbox"/> Friends (whom): _____          | <input type="checkbox"/> Phone directory (which): _____ | <input type="checkbox"/> Other (describe): _____  |

Please briefly tell us your long-term educational goals for your child \_\_\_\_\_

To keep grandparents of our students informed about school activities, they will receive the school's magazine and invitations to special events, including Grandparents Day and contribution opportunities. Please name living grandparents and give their addresses.

Mr./Mrs.	First Name	Last Name	Address	City/State/Zip	Parent of
Mr./Mrs.	First Name	Last Name	Address	City/State/Zip	Parent of
Mr./Mrs.	First Name	Last Name	Address	City/State/Zip	Parent of
Mr./Mrs.	First Name	Last Name	Address	City/State/Zip	Parent of

### FAMILY CHURCH INFORMATION

Church Name \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Pastor Name \_\_\_\_\_

- Not part of a church family.  Please refer us to a church.  Please do not refer us to a church.

*Application for Admission continued*

