

# VICTORY CHRISTIAN SCHOOL

278 Victory Church Road      Phone (828) 586-2120  
Sylva, NC 28779              FAX (828) 631-9659

# Student Application

2021-2022

## Student Information

Full Name \_\_\_\_\_ Prefers \_\_\_\_\_

Gender \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Name of School

Phone/Fax #

Student's Mailing Address \_\_\_\_\_

Street/Box

City

State

Zip

Student's Physical Address \_\_\_\_\_

Street/Box

City

State

Zip

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

*\*Upon acceptance and enrollment, please submit copies of the student's birth certificate, social security card, and immunization record to the office.*

## Parent/Legal Guardian Information

Lives with (circle one)    Both Father and Mother    Father    Mother    Legal Guardian

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Fathers Mailing Address \_\_\_\_\_

Mothers Mailing Address \_\_\_\_\_

Street/Box

Street/Box

City

State

Zip

City

State

Zip

Email \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Emergency Contact Information

Name	Relationship to Child	Phone #

*I certify that the information provided is true and accurate.*

Signature

Date

Signature

Date

Name \_\_\_\_\_

Grade \_\_\_\_\_

**Health/Medical Information**

- \*Does your child have special physical conditions, including allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \*Does your child take prescription medications on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \*Has your child ever undergone psychological, behavioral, or academic testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \*Does your child require accommodations set forth through an Individualized Educational Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Please attach any pertinent information and/or explanation regarding the above.**

Medical Insurance	Company-	Policy -
Primary Physician	Name-	Phone-
Primary Dentist	Name-	Phone-

**Initials indicate parental permissions for the following:**

- \_\_\_\_\_ Initials I authorize the staff of VCS to administer over-the-counter medication in accordance with the suggested or prescribed dosages, such as acetaminophen (Tylenol) or diphenhydramine (Benadryl).
- \_\_\_\_\_ Initials I authorize Victory Christian School to provide access to emergency health care for my child in the event of a severe or life-threatening accident or illness. I understand that Victory will first attend to the immediate need of my child, then make every effort to contact me as soon as is possible.
- \_\_\_\_\_ Initials I give my consent for my child's name and/or photo to be released to publications for news and/or promotional purposes.
- \_\_\_\_\_ Initials I give my consent for my child's name and/or photo to be used in Microsoft Teams which is viewed only by teachers and students of Victory Christian School
- \_\_\_\_\_ Initials I give my consent for my child to be contacted directly via cell phone or email by a coach, teacher, or school staff.

**Trusted Child Transportation**

In addition to the Emergency contacts listed, I authorized the following individuals to transport my child to and/or from school and any school activities.

Name	Relationship to Child	Phone #

My child MAY NOT LEAVE WITH \_\_\_\_\_  
\_\_\_\_\_