Victory Baptist Church and Christian School

Student Application
2026-2027

278 Victory Church Road, Sylva, NC 28779
(828) 586-2120 / Fax (828) 631-9659
info@vcscardinals.com

Student Information

Full Name_____ Age _____ Date of Birth _____

Nickname_____ Gender _____ Ethnicity_____ Applying for Grade _____

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

Student is a recipient of the Opportunity Scholarship [] Yes [] No 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_____
Cell #_____
Employer_____
Work #_____

Fathers Mailing Address_____
_____
Street/Box
_____ _____ _____
City State Zip

Email_____

Mother's Name_____
Cell #_____
Employer_____
Work #_____

Mothers Mailing Address_____
_____
Street/Box
_____ _____ _____
City State Zip

Email_____

Alternate Emergency Contact Information

Name	Relationship to Child	Phone #

I certify that the information provided is true and accurate.

_____ _____ _____ _____
Signature Date Signature Date

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 student been diagnosed with a neurological or behavioral disorder such as:** _____No

[] Autism Spectrum Disorder (ASD) [Attention Deficit/Hyperactivity Disorder (ADHD)

[] Attention Deficit Disorder (ADD) [] Oppositional Defiance Disorder (ODD) [] Other _____

***Does your student have any of the following?** _____No

[] IEP/ISP [] 504 [] Speech/Language Therapy [] ABA Therapy [] Occupational Therapy (OT)

[] Behavior Counseling [] Neuro-Psych Evaluation [] Other educational needs

***Has your student ever repeated a grade or been retained in school?** _____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 VCS 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 at 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 #