

VICTORY CHRISTIAN SCHOOL

278 Victory Church Road Phone (828) 586-2120
Sylva, NC 28770 FAX (828) 631-9659

Student Application

2017-2018

Student Information

Full Name _____ Prefers _____

Gender _____ Applying for Grade _____ Age _____ Date of Birth _____

Name of Last School Attended _____

Name of School

Phone/Fax #

Mailing Address _____

Street/Box

City

State

Zip

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 # _____

Alternate Emergency Contact Information

Name	Relationship to Child	Phone #

I certify that the information provided is true and accurate.

Signature

Date

Signature

Date

(For Office Use Only)

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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:

_____ 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 to be contacted directly via cell phone or email by a coach, teacher, or school staff.
Initials

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 _____
