

Victory Baptist Academy
Student Application

Please Print

Child's Full Name _____ Sex _____

Address _____

Phone _____ Email _____

Age _____ Birth Date ____/____/____ Birth City _____ State _____ County _____

Please Check One: Live with both parents ___ Mother ___ Father ___ Other (please specify) _____

Does this (these) guardians have legal custody of the child listed above? _____

Names and birthdates of brothers and sisters _____

If not enrolling siblings, please explain why _____

Father's Full Name _____ Occupation _____

Place of Employment _____

Employment Address _____ Work Phone _____

Mother's Full Name _____ Occupation _____

Place of Employment _____

Employment Address _____ Work Phone _____

Where can you be contacted during the day in case of an emergency? _____ Phone _____

Does your family attend church regularly? ___ Where? _____

School Last Attended _____

Address of School _____

Grade Child Will Enter During School Year 20__ - 20__ ; _____

Has your child ever repeated a grade? _____ If Yes, Which Ones? _____

List Diseases Child Has Had _____

List Any Physical Handicaps, Emotional or Mental Conditions That The Teacher Should Know In Order To Better Understand Your Child _____

List Any Medication To Which Your Child Is Allergic (Aspirin, etc...) _____

We desire to enroll our child in this school because _____

In making this application to Victory Baptist Academy I understand that:

Because of limited enrollment and a very stringent economy, it is hereby understood that the parents will pay tuition for the amount stated by the school office. Report cards will be held if the account becomes delinquent during any grading period or if satisfactory arrangements have not been made with the school. A \$10 service charge will be added if payment becomes 10 days past due. Any account is delinquent after 30 days. After a total of 45 days have elapsed, the student will be suspended until payment has been made. No refunds will be made for fees such as books, registration, insurance, etc...and for any tuition for less than a month. Permanent record will be held until all tuition and fees are paid.

Since fees do not cover the actual cost of educating our child, we recognize that our participation is needed in prayer, service, and gifts in order to properly share in this training.

In full cooperation with the school, we will attend parent-teacher fellowship meetings. We sincerely pledge our loyalty to the aims and ideals of the school and will bring any and all questions and criticism directly to the administration so that they may properly be considered by those in authority.

The teacher and administration are hereby given full discretion in the discipline of our child or children. This would include the issuing of demerits, suspensions, corporal punishment, and expulsion from the school program. Detentions maybe used after school for various offenses and transportation to be fully the parent's responsibility. Parents will be notified before each detention.

The school reserves the right to dismiss any student who does not cooperate with the educational process. If the student is dismissed for any reason the tuition will be pro-rated on a monthly basis for that period of time that the child is in school.

This statement of cooperation may not be voided except by the approval of the school.

In making application for my child, it is my desire to have him attend the school year 20____ - 20____. It is also my understanding that the policy of the school is to make no refund on registration fees. I also give permission for my child to take part in all school activities including sports and school sponsored trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of an accident or serious illness, I request the school to call my physician and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of both parents preferred, one will be accepted:

Father _____ Mother _____ Date _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Your re-enrollment fee of \$75 must accompany this application to ensure a place for your child (no re-enrollment fee will be refunded).
The fee increases to \$90 after June 1. Re-enrollment for two children is \$130; three children is \$145, etc.
Tuition will be made in 10 monthly payments. The first payment will be due on August 10.

