



**APPLICATION FOR ADMISSION**

**VICTORY CHRISTIAN SCHOOLS**  
3045 Garfield Avenue  
Carmichael, California 95608  
Phone (916) 488-5601

**FOR OFFICE USE ONLY:**

1. Date Application Received \_\_\_\_\_
  - a. \_\_\_\_\_ Student Questionnaire
  - b. \_\_\_\_\_ Parental Agreement
  - c. \_\_\_\_\_ Academic Reference
  - d. \_\_\_\_\_ Church Reference
  - e. \_\_\_\_\_ Report Card/Transcript
  - f. \_\_\_\_\_ Achievement Test Scores/SAT
  - g. \_\_\_\_\_ Birth Certificate
  - h. \_\_\_\_\_ Immunization Record
  - i. \_\_\_\_\_ Hepatitis B Immunization
2. App Fee Ck# \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_
3. Reg Fee Ck # \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_
4. Tuition Paid \$ \_\_\_\_\_  
Ck # \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_
5. Entrance Test \_\_\_\_\_
  - a. Accepted \_\_\_\_\_ Probation \_\_\_\_\_
  - b. Rejected \_\_\_\_\_
6. Interview/Date \_\_\_\_\_

Applying for grade level \_\_\_\_\_ (K-12)  
Applying to begin school \_\_\_\_\_  
(month/year)

Campus (circle one):  
**Fair Oaks Campus (K-8)**  
**Carmichael Campus (K-6)**  
**Garfield Campus (7-12)**

Birthdate: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**STUDENT NAME (LEGAL)** \_\_\_\_\_  
Last First Middle

Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security # \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for making application to Victory Christian Schools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us how you heard about Victory Christian. If current VCS family recommended us, please give their name(s):  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY BACKGROUND**

**Father / Step / Guardian:** Name \_\_\_\_\_ Living with child: Yes / No  
Deceased \_\_\_\_\_ Divorced \_\_\_\_\_  
Address City Zip

Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Mother / Step / Guardian:** Name \_\_\_\_\_ Living with child: Yes / No  
Deceased \_\_\_\_\_ Divorced \_\_\_\_\_  
Address City Zip

Email \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Children Living at Home:**

Name	Birthdate	School attending
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

**CHURCH AFFILIATION**

Name of local church you attend: \_\_\_\_\_ Member? Yes / No  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Pastor \_\_\_\_\_ Do you attend? Weekly / Occasionally

**EDUCATIONAL BACKGROUND**

School/Home School presently enrolled \_\_\_\_\_  
Print Complete Address \_\_\_\_\_  
street  
\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_

Grade enrolled last year \_\_\_\_\_ Passed \_\_\_\_\_ Passed on probation \_\_\_\_\_  
Retained in same grade \_\_\_\_\_ If so, grade \_\_\_\_\_  
Grade Point Average (GPA) for previous year (7-12th) \_\_\_\_\_

**Please attach copies of most recent achievement tests and report cards.**

Please check any academic difficulties your child has had in school thus far:

- 1)  Experienced difficulties in reading
- 2)  Experienced difficulties in math
- 3)  Participated in a special learning program
- 4)  Has received tutoring
- 5)  Has had a problem adjusting socially in school
- 6)  Lacks self-motivation in doing school work
- 7)  Has been inconsistent in classroom performance

Has applicant been a discipline problem in school? \_\_\_\_\_

Has applicant ever been suspended or expelled from school?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever used alcohol, tobacco, or drugs?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has child, now or recently, had a health or psychological problem?  Yes  No If yes, give details on this or other problem with which the student needs special help from the teacher: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been in any difficulty with civil or juvenile authorities? If so, please explain carefully:  
\_\_\_\_\_  
\_\_\_\_\_

*Victory Christian Schools is hereby granted permission to release certain information as deemed beneficial for my child(ren) such as information on athletic or academic awards and to organizations or institutions offering career opportunities to graduates.*  
*yes no*

**TUITION PAYMENT PLAN (please indicate your choice)**  
 Monthly payments prorated on a ten-month basis, August 1 – May 1  
 Pre-payment in full (2% discount if paid by July 15)

I have read and understand the **Tuition Schedule Terms and Conditions** and have read and signed a current **Parental Agreement**. I have discussed and received acceptable answers to any questions regarding tuition and other policies of the school. I understand and accept the policies of Victory Christian Schools, the personal commitment and financial responsibility incurred relative to this registration, and have committed myself to budget sufficient money to maintain a current account at all times.

**SIGNATURE(S) OF PERSON(S) RESPONSIBLE FOR TUITION:**

\_\_\_\_\_ /date \_\_\_\_\_ /date \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE(S) (IF DIFFERENT FROM ABOVE):**

\_\_\_\_\_ /date \_\_\_\_\_ /date \_\_\_\_\_

**REFERENCES (7-12 ONLY)**

Please have the attached church and academic reference forms completed to expedite the process or provide us with the following information so we may request the same.

1) Academic counselor or teacher:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

2) Pastor or adult who can give reference on your spiritual character:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**OFFICE USE ONLY**

Reference forms sent to: 1) \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_  
 2) \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_



**APPLICANT CHECKLIST (7-12 ONLY)**

**Before mailing in this application, please be sure you have:**

- \_\_\_ Attached most recent transcript
- \_\_\_ Attached most recent achievement test scores
- \_\_\_ Attached **completed** student questionnaire including testimony
- \_\_\_ Signed the Parental Agreement (both parents if living with applicant) and attached to application