



Victory Christian Academy

Studying To Show Ourselves Approved Unto God

www.victoryministry.com 10613 Lem Turner Road, Jacksonville, FL 32218 904-764-7781

APPLICATION FOR RE-ENROLLMENT

Student's Name: _____ Birthdate: ____ / ____ / ____ Male Female
Last First

Street Address: _____
 Check if this is a new address. Street Address City/State Zip Code

Mailing Address (if different): _____
Street or P.O. Box City/State Zip Code

Home Phone: _____ Church Attending: _____

Parent / Legal Guardian #1 Information (if legal guardian, copy of official papers must be submitted):

Name: _____ Relationship: _____
Last First

Address (if different from child's): _____
Street Address City/State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

Marital Status: Married Separated Divorced Widowed Single

Parent / Legal Guardian #2 Information (if legal guardian, copy of official papers must be submitted):

Name: _____ Relationship: _____
Last First

Address (if different from child's): _____
Street Address City/State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

Marital Status: Married Separated Divorced Widowed Single

With whom does the student reside? (Check all that apply.) Mother Father Step-mother Step-father

Grandparents Legal Guardian Other (give relationship): _____

Office Use Only
Re-enroll Date: _____
Grade Entering: _____

List others who have legal custody and/or visitation rights:

Name: _____ Relationship: _____
Last First

Address (if different from child's): _____
Street Address City/State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

Marital Status: Married Separated Divorced Widowed Single

List those who should be contacted in case of emergency and/or are permitted to pick the child up from school:

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check all that apply: This person is an emergency contact. This person is allowed to pick the child up from school.

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check all that apply: This person is an emergency contact. This person is allowed to pick the child up from school.

3. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check all that apply: This person is an emergency contact. This person is allowed to pick the child up from school.

4. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check all that apply: This person is an emergency contact. This person is allowed to pick the child up from school.

Medical Information

Student's Physician: _____ Phone: _____

Please note: 911 will be called for life-threatening emergencies.

List any of the child's allergies: _____

List any medication the child takes on a daily basis: _____

It is understood by the undersigned that VICTORY CHRISTIAN ACADEMY is staffed with qualified teachers and herewith has my permission to discipline my child as necessary (VCA does not administer corporal punishment).

It is understood by the undersigned that Bible is taught in the school daily. Each Bible lesson is from a Biblical approach. If a denominational issue arises, VCA will take a Baptist position. The undersigned has also read and understands the VCA statement of faith.

It is understood by the undersigned that any parent or legal guardian has the right to remove this student from the premises without notifying other family members. If there is a custody issue, legal documentation is required to restrain such action.

Parent / Guardian Signature

Date