

VICTORY ACADEMY

A ministry of Christian Center of the Ozarks

Mail: PO Box 309 Seymour, MO 65746

Phone: 417-935-2315 Fax: 417-935-2316

Email: officestaff@myvictoryacademy.org

KINDERGARTEN – 12th GRADE ENROLLMENT APPLICATION

Today's Date: _____ Date to Begin Enrollment: _____ Entering Grade _____

Student's Full Name: _____ SSN: _____

Address: _____ Phone: _____

Date of Birth: _____ Birth Place: _____ Race: _____ Sex: _____
M / D / Y (City, State)

Has your child received required state immunizations? Yes ____ No ____

(If no, please explain on back. We are required by the state of Missouri to have up to date immunization records on file.) (A copy of birth certificate is also required for enrollment.)

Are there any unusual factors in student's life that the Academy needs to be aware of? Yes ____ No ____

Example – absence of father or mother, in-laws or grandparents in the home, adoption, accidents, or health problems (If yes, please explain on back)

Please state who has legal guardianship of student: _____

Father's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Father's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Education: High School _____ Years

College _____ Years

Marital Status: Married ____ Divorced ____

Widower ____ Separated ____

Mother's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Mother's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Education: High School _____ Years

College _____ Years

Marital Status: Married ____ Divorced ____

Widower ____ Separated ____

Why do you wish to enroll your child at Victory Academy? _____

How did you learn of the Academy? Other Parent ____ Teacher ____ Newspaper ____ Radio ____ Flyer ____
Other _____

School History

Present/Previous School: _____

Address: _____ Phone: _____

Grades and dates attended: _____

Grades in previous school were mostly: ___A ___B ___C ___D ___F

Has student previously attended the Academy? ___yes ___no

Has student previously applied for admission to Academy? ___yes ___no

Background information on your child: Any yes answers must be explained in space below.

Has applicant ever:

Skipped a grade? Yes ___ which grade? _____ No ___

Been retained? Yes ___ which grade? _____ No ___

Been suspended? Yes ___ No ___ ISS ___ OSS ___

Been expelled? Yes ___ No ___

Been tested or received help for a reading or learning problem? Yes ___ No ___

Received special services / been enrolled in special programs (resource, gifted)? Yes ___ No ___

Had an IEP? Yes ___ No ___

Had any mental or physical limitations the school should be aware of? Yes ___ No ___

Required any medication? Yes ___ No ___

Been under the supervision of juvenile court? Yes ___ No ___

Used drugs, alcoholic beverages, or tobacco? Yes ___ No ___

Does applicant have a police record? Yes ___ No ___

Explanation:

Church Affiliation _____ Pastor _____ No. of years _____

Are you a member? Yes ___ No ___

Has the student accepted Christ as his/her personal Savior? Yes ___ Date: _____ No ___

Has the father accepted Christ as his/her personal Savior? Yes ___ Date: _____ No ___

Has the mother accepted Christ as his/her personal Savior? Yes ___ Date: _____ No ___

In making this application for registration of my child, I understand that:

1. I understand there is a nonrefundable enrollment fee of **\$35** due with this form.
2. I understand that tuition is **\$4250** for the year (not including graduation fees, sport fees, extend care, or lunches). This tuition will be billed through the FACTS billing system.
3. Victory Academy will place students in grades based on entrance exams or High School transcripts. Home school families will be required to submit curriculum information and textbook titles.

4. The school has full discretion in the classroom discipline of my child, and will follow the guidelines set forth in the handbook. I believe that discipline is necessary for the welfare of each student, as well as, for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I understand that Victory Academy does **NOT** use corporal punishment.
5. I understand that the school reserves the right to expel any student who does not abide by its policies or any student whose parents or guardians fail to cooperate with the school administration.
6. I agree that should my child become ill or suffer injury of any nature during the time that he/she is in attendance at Victory Academy, said school shall undertake to contact me immediately. In the event said school is unable to reach me, it shall be authorized to secure such medical attention and care as may be necessary. The parent or guardian shall assume responsibility of payment or such attention.
7. I agree that Victory Academy shall not be held responsible for any accidents or incidents that might occur during regular school day or school sponsored functions.
8. I give Victory Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
9. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against Victory Academy or any employees or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Victory Academy or its agent should incur to defend itself against such action.
10. I will receive a parent/student handbook and agree to read and return the signature page within 10 days.

Victory Academy admits students of any race, color, and national or ethnic origin.

Signature: _____ Date: _____
 (Father)

Signature: _____ Date: _____
 (Mother)

Office Use Only: *Date Received:* _____ *Amount Paid:* _____ *Method of Payment:* _____
Class Assignment: _____

Statement of Faith

We believe the Bible to be the only inspired, authoritative Word of God and a complete revelation of God (2 Tim. 3:16). We believe there is one God eternally existent in three persons: Father, Son, and Holy Spirit (Matt. 28:19). We believe in the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious atonement, His bodily resurrection, His ascension to the right hand of the Father, and His personal, visible second coming. We believe the ministry of the Holy Spirit is the following: to glorify the Lord Jesus Christ and during this age, to make men aware of sin, righteousness and judgment to come; to regenerate, indwell, guide, instruct, and empower all true believers in Christ; and to fill those yielded to God. We believe in the absolute necessity of regeneration of the heart and that the shed blood of Jesus Christ and His resurrection provide the only means for salvation, to all who believe. Therefore, only such as receive Jesus Christ are born of the Spirit and become children of God. We believe all who are saved are called unto a Spirit-filled life of service, separated from all worldly and sinful practices. We believe in the bodily resurrection and judgment of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of eternal damnation. We believe in the spiritual unity of believers in Christ Jesus, both here on earth and in eternity to come.

I have read the above statement and agree to it with no reservations.

Parent's Signature: _____

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Name of school student is transferring from _____ Date _____

Address: _____

TO WHOM IT MAY CONCERN:

This is your authorization to furnish Victory Academy with academic records, medical records, psychological reports, tests results, health record (including shot records), and other evaluations you may have regarding the health, welfare and educational progress of:

_____	_____	_____
Name of Student	Grade	Birthday
_____	_____	_____
Name of Student	Grade	Birthday
_____	_____	_____
Name of Student	Grade	Birthday
_____	_____	_____
Name of Student	Grade	Birthday

The student(s) is attending Victory Academy. We understand that this information will be held in strictest of confidence. Thank you.

Signature of Principal

Signature of Parent/Guardian

Student Questionnaire
For 7th-12th Graders

Student Name _____ Date _____

Have you accepted Jesus Christ as your savior? _____ yes _____ no

If so, are you living a Christian life to the best of your ability? _____ yes _____ no

If you answered yes, explain in your own words what it means to you personally to be living your Christian life to the best of your ability (in two or three sentences).

If you answered no, then explain why not (in two or three sentences).

Have you used drugs, alcoholic beverages, or tobacco? _____ yes _____ no

If yes, please explain

Do you want to attend this Christian school? _____ yes _____ no

What is the main reason that you wish to apply for enrollment at the Academy? (two or three sentences)

List activities, sports, and/or talents that interest you:

Answer the following questions in three to five sentences.
Is a Christian education is important to you?

Do you think rules and discipline/obedience are important in your life?

What church do you attend? _____

Do you attend church youth group? ___yes ___no If yes, where?_____

I affirm that all the information I have given on this form is true and accurate.

Student Signature

Date