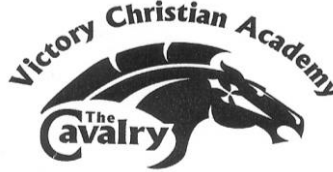


# VICTORY CHRISTIAN ACADEMY

115 S. Star  
PO Box 241  
El Dorado, KS 67042  
316-321-4822 (4VCA) [www.vcaeldorado.org](http://www.vcaeldorado.org)



*Train up a child in the way he should go  
and when he is old, he will not depart from it.  
Proverbs 22:6*

## STUDENT APPLICATION CHECKLIST

To make application please submit the following items to the above location:

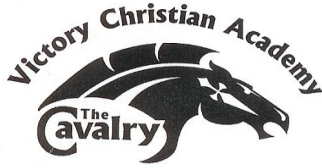
- \$100 Application Fee
- Parent Commitment Form
- Family Information Form
- Student Admission Form (One for each student applying)
- Student Health Record Form (One for each student applying)
- Church Reference Form
- Teacher Reference Form (Pre-K & Kindergarten application exempt)
- Copy of Standardized Test Results or Most recent Grade Card (Pre-K & Kindergarten application exempt)

### Parent Interviews:

Upon receipt of application materials, a parent interview will be scheduled. The presence of both parents at the interview is requested. Parents and children will be given the opportunity to share their personal testimony.

Upon acceptance by the school, VCA will need the following forms:

- Enrollment Contract
- Student Records Release Request
- Annual Field Trip Release
- Copy of Birth Certificate



## GENERAL INFORMATION

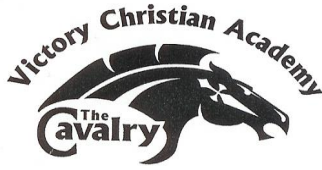
### Statement of Faith

1. We believe the Bible to be inspired, the only infallible, authoritative, inerrant Word of God. (Matthew 5:18; John 5:39; John 5:46-47; 2 Timothy 3:16-17; & 2 Peter 1:21)
2. We believe that there is one God, eternally existent in three persons - Father, Son and Holy Spirit. (Matthew 28:19; John 5:23; & 2 Corinthians 13:14)
3. We believe in the deity of Christ, His Virgin Birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father and His personal return in power and glory. (Isaiah 53:5-6; Matthew 1:18; Matthew 1:23; Matthew 24:29-30; Luke 1:35; Romans 1:3-4; Hebrews 7:25; & Revelation 20:1-6)
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that people are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith are we saved. (John 15:5; John 3:16; Romans 3:20; Romans 5:12; 2 Corinthians 5:21; Ephesians 2:8; & Hebrews 9:22)
5. We believe in the resurrection 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 damnation. (John 3:36; Philippians 1:21-23; 1 Thessalonians 4:13-18; 2 Thessalonians 1:9; 1 John 3:1-3; 1 John 5:12; & Revelation 20:10)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ. (Ephesians 4:13; Philippians 2:2; & John 17:22-23)
7. We believe that the Holy Spirit is sent by God the Father to convict of sin, to indwell, to guide and to teach the believer and empower them to live in victory over sin. (John 16:7-15; 1 Corinthians 2:10; Galatians 5:16; & Galatians 5:22-23)
8. We believe that God has ordained marriage and defined it as the covenant relationship between a man and a woman (Genesis 2:22-24; Matthew 19:5; Mark 10:7; Ephesians 5:31; and Romans 1:24-26).

### Mission Statement

We are committed to equipping children as Christian leaders who choose:

- ✓ To Seek the Kingdom of God First
- ✓ To Live a Life Daily that Pleases God
- ✓ Wisdom Above Knowledge
- ✓ Integrity Before Immorality
- ✓ Servant hood As a Way of Life
- ✓ And Love Above All Else



## GENERAL INFORMATION

### **General Purpose**

The purpose of VCA is to create an interdenominational Christian school for the purpose of teaching children both the precepts of the gospel of the Lord Jesus Christ, and academic subjects in such a manner as to give them the tools to be productive citizens of the Kingdom of God. In all matters we hope to follow the Scripture in loving the sinner and despising the sin. We are a school welcoming all races and ethnic backgrounds believing that God show no partiality of persons (Galatians3:28; Acts 10:34)

### **Affiliation Statement**

Victory Christian Academy is not affiliated with, responsible to, or controlled by any particular organized church or denomination of believers.

### **Philosophy of Christian Education**

The philosophy of VCA shall be to address the needs of the whole student spiritually, intellectually, emotionally, and physically by providing an education based on Biblical authority, truth and values.

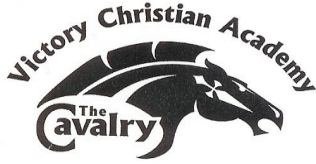
### **Guiding Principle**

Victory Christian Academy's guiding principle is to lift up the standard of Christ in all areas of school life, to challenge students to live a life that pleases and glorifies God, and our foundation for instruction, truth and values comes from the Holy Word of God.

### **Admission Procedure**

VCA exists to offer Christian education in a Christian environment. Students will, therefore, be carefully selected in order to maintain a student body of high academic and moral Christian standards. The most important step toward enrollment is prayer. God will guide each family who seeks Him for guidance and provision for Christian education.

VCA is a non-denominational Christian school run by a Board of Directors. Parents or legal guardians become members of the organization upon their child's admittance to the school. By signing the Parental Commitment Form you are agreeing with the schools Statement of Faith, and to abide by all policies of VCA.



## GENERAL INFORMATION

### **Admission Procedure Continued**

VCA welcomes students of differing spiritual, academic, and physical levels with the hope that we will provide you with the opportunity for growth. **However, the school is not equipped to handle students who are in considerable trouble or have been expelled from public school.** At this time VCA is also not equipped to handle special needs students, i.e., mentally handicapped, hearing handicapped, extreme visual handicapped, or wheelchair bound students.

Enrollment is open for grades Pre-K through 12th grades. Pre-K students must be four years old before September 1<sup>st</sup>. Kindergarten students must be five years old before September 1st.

### **Steps to Enrollment**

Refer to page one for the Application Checklist.

A nonrefundable application fee of \$100.00 per family must be paid when applying to VCA. If your child is selected and you make application prior to June 5th, your \$100.00 application fee will be applied toward your first month's tuition payment. After June 5<sup>th</sup>, none of the \$100.00 fee will apply toward tuition.

### **Acceptance Information:**

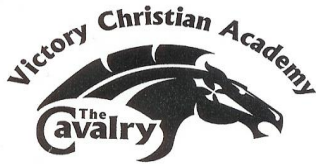
After reviewing the application, each prospective student and their family will be interviewed before final acceptance is granted. A school representative will call and schedule your Family Interview. You will be notified within 2 weeks after the Family Interview of your acceptance.

### **Records Request**

Fill out this form to authorize VCA to receive your child's records from a previous school. After acceptance of your child, we will mail this form to your previous school.

### **Acceptance**

After the application fee has been paid, all requested information has been received and the Family Interview has been conducted, references will be contacted, and student's records will be evaluated. All student applications will be brought to the VCA school board for evaluation of student and family for enrollment into VCA. At the time of acceptance, a curriculum fee will be collected to purchase curriculum for your child for the full year.



## FINANCIAL INFORMATION

### **Curriculum Cost**

\$250.00 for Pre-K through 12th grades

### **Tuition Fees**

Pre-K and Kindergarten	\$ 2,200.00
1st, 2nd and 3rd	\$ 2,700.00
4 <sup>th</sup> through 8 <sup>th</sup>	\$ 3,200.00
9 <sup>th</sup> through 12 <sup>th</sup>	\$ 3,400.00

### **Family Discount**

There is a 10% tuition reduction for each additional attending child after the first (oldest). Example: the oldest attending child pays full price; the second oldest attending child receives a 10% discount on the tuition fee for his grade level; third oldest attending child receives a 10% discount on the tuition fee for his grade level. Fourth, fifth, sixth children attend free, paying only an application fee and curriculum fee. You must be responsible for full tuition payments and students must live in your household 100% of the time to be eligible for the family discount.

### **Full Payment**

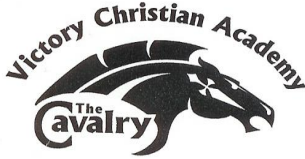
The entire amount of tuition & fess is to be paid on or before August 5th. If the entire amount due is paid in full by August 5, then \$100.00 per child will be subtracted from the total. No discounts will be applied for enrollments after August 5<sup>th</sup>.

### **Semi-annual Payment**

The first semester should be paid before August 5. The second semester should be paid before January 15.

### **10 Monthly Payments**

If you prefer the monthly payment plan, you will make ten equal payments beginning August 5 and ending May 5. Payments are due on the fifth day of each month. A \$25.00 late charge is assessed after the fifth of the month if payment is not received.



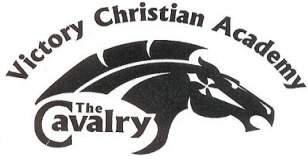
## Parental Commitment Form

In signing this commitment form, we acknowledge the following:

- a) Our/My personal acceptance of and commitment to Jesus Christ as Savior and Lord.
- b) Our commitment to participate in the Christian education of our son or daughter with regular attendance at a Bible-believing church as a family and by exemplifying Christian principles of life in our home.
- c) Our agreement to the Statement of Faith of Victory Christian Academy, Inc.
- d) Our commitment to abide by the Code of Conduct and policies of Victory Christian Academy.
- e) Our commitment to volunteer a minimum of 30 hours per year of voluntary labor to Victory Christian Academy.
- f) Our commitment to give to Victory Christian Academy, beyond tuition as God leads and enables.
- g) Our commitment to pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
- h) Our commitment to attend, if possible, all the parent meetings and Board of Director meetings.
- i) We agree to come to the school immediately (leaving work if required) and take care of any discipline problems that arise with our children.
- j) Our commitment to agree with any policy or policy implementation. If we disagree with any policy set or implemented by the school, we will in no case complain to any other party. In the spirit of meekness and unity we will register our concerns with the teacher or administrator involved.
- k) Our commitment to pay the tuition either annually, semi annual, or monthly to VCA. If we choose to pay monthly, and are unable to pay on the date established, we understand that VCA will assess a service charge of \$25.00 to our account. We understand if we withdraw our student(s) after the first day of class that we are still responsible for the balance remaining for that school year.
- l) We realize that all academic credits will be held until all accounts are current or paid in full. Transcripts will not be transferred if money is due VCA, Inc.
- m) We give permission to VCA to print a student roster, listing family name, children along with phone number, address, cell phone numbers and e-mail address. If there are any numbers or e-mail address you do not want listed in the roster, please specify. I also give permission to VCA to post pictures of my children on VCA social media accounts or websites.

SIGNATURE OF COMMITMENT: \_\_\_\_\_  
Father/Guardian Date

SIGNATURE OF COMMITMENT: \_\_\_\_\_  
Mother/Guardian Date



# Family Information Form

## PARENT INFORMATION

Father's Name \_\_\_\_\_ Deceased  Divorced   
 Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Ph# \_\_\_\_\_ Cell # \_\_\_\_\_ Wk# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Father's Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Deceased  Divorced   
 Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Ph# \_\_\_\_\_ Cell # \_\_\_\_\_ Wk# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother's Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please list all children living in the home and indicate which children you are making application for:

				Application
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>

Please use reverse side if more space is needed.  See reverse side.

If student's parents are presently divorced, who has legal custody? \_\_\_\_\_  
 To whom should the correspondence & billing be sent? \_\_\_\_\_

Are there any person(s) NOT permitted to pick up child(ren): **YES** or **NO**. If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

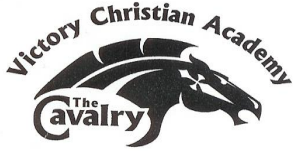
## EMERGENCY CONTACT (S)

In case of emergency, list another persons who could be contacted and authorized to pick-up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Student Admission Application

To be completed for each child applying for admittance

Full Legal Name of Student \_\_\_\_\_ Grade entering \_\_\_\_\_

Name student goes by \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender: \_\_\_\_\_ Male or Female \_\_\_\_\_

List all schools attended within the past three years. \_\_\_\_\_  
\_\_\_\_\_

Has this child ever been suspended? \_\_\_\_\_ Expelled? \_\_\_\_\_ Asked to withdraw? \_\_\_\_\_

Has this child ever failed a grade or subject? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has this child experienced any physical, emotional, mental, or social problems within the past two years? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has this child ever been in any difficulty with the civil authorities? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Explain why it is important for your child to attend VCA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

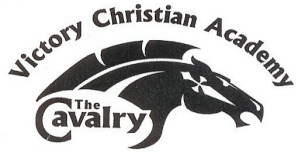
Has your child made a profession of faith according to Romans 10:9-10? \_\_\_\_\_

Has the father made a profession of faith in Jesus? \_\_\_\_\_ mother? \_\_\_\_\_

Briefly describe your child's extra-curricular interests and activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach an additional sheet if necessary.





# Student Health Records

To be completed for each child for admittance

Student Name \_\_\_\_\_

Indicate your child's past/present disease(s) by marking the blank with your initials:

- |                             |                      |
|-----------------------------|----------------------|
| _____ Heart Disease         | _____ Asthma         |
| _____ Diabetes              | _____ German Measles |
| _____ Rheumatic Fever       | _____ Mumps          |
| _____ Tuberculosis          | _____ Other          |
| _____ Epilepsy              | _____                |
| _____ Old Fashioned Measles | _____                |
| _____ Chicken Pox           |                      |

Is your child on any medication? Yes or No If yes, please indicate reason \_\_\_\_\_

Does your child have a physical handicap? Yes or No If yes, please explain \_\_\_\_\_

Has your child ever had a convulsion? Yes or No Explain if yes: \_\_\_\_\_

Describe any special eating needs: \_\_\_\_\_

Does this child have allergies? Yes or No List allergies (food, environmental or medication)

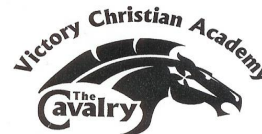
\_\_\_\_\_

Please state any health problems or irregularities you wish the school to know concerning this child: \_\_\_\_\_

\_\_\_\_\_

Does this child have physical activity limitations? Yes or No If yes, please attach physician documentation.

Victory Christian Academy  
115 S. Star, P.O. Box 241  
El Dorado, KS 67042  
PH# (316) 321-4822



## Church Reference Form

Student Name \_\_\_\_\_  
Parent/Guardian's Names \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The above family and student is making application to attend Victory Christian Academy in El Dorado, Kansas. A requirement for admissions to this school is to provide a reference from a pastor or church leader. VCA does not deny admissions based solely on the references given. However, they are taken into consideration in the overall view of the student's request for admissions. The mission of the school is to partner with the Christian home and church to educate and equip students to reach their full academic, physical and spiritual potential in Jesus Christ. It is essential that the environment and training by the school be an extension and reinforcement of what is taught in the home, receiving complete support from the student's family. We would appreciate your assistance in helping us to evaluate the spiritual commitment of this family and student. Should you have any questions concerning this reference information please call or write to the below address. Please attach an additional sheet if needed.

### To be completed by a Pastor, Youth Pastor, Sunday School Teacher or Church Leader

#### How well do you know the Family?

- Very well, close relationship
- Fairly well, many personal contacts
- Casually, few personal contacts
- Just by name and sight

#### Christian Commitment

- Exemplary
- Marginal
- Gives no evidence of commitment

#### Church Relationship

- Members in good standing
- Not members, but supportive
- Not supportive

#### Church Attendance

- Faithful and regular
- Occasional
- Infrequent
- Never

#### Parent Control

- Firm and consistent
- Adequate
- Lacking

#### Child's Response to Parents

- Good Obedience evidenced
- Acceptable
- Lacking

#### Family Cohesiveness

- Strong, warm, loving ties
- Fairly cohesive
- Needs Strengthening
- Very Weak

#### My recommendation regarding this family is:

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I would prefer to discuss this student personally. Please call me at: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print) \_\_\_\_\_ Position \_\_\_\_\_  
Church: \_\_\_\_\_ Sr. Pastor: \_\_\_\_\_  
Church Address: \_\_\_\_\_

Victory Christian Academy  
115 S. Star, P.O. Box 241  
El Dorado, KS 67042  
PH# (316) 321-4822



## Teacher Recommendation Form

Student Name \_\_\_\_\_  
Parent/Guardian's Names \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The above family and student is making application to attend Victory Christian Academy in El Dorado, Kansas. A requirement for admissions to this school is to provide a reference from a current or former teacher. VCA does not deny admissions based solely on the references given. However, they are taken into consideration in the overall view of the student's request for admissions. The mission of the school is to partner with the Christian home and church to educate and equip students to reach their full academic, physical and spiritual potential in Jesus Christ. We would appreciate your observations about the areas listed below. Please use a question mark where you have insufficient evidence on which to make a judgment. This information will be treated as confidential in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.

### To be completed by current or former teacher

#### Relationship to applicant

- Current Teacher
- Former Teacher
- Other: \_\_\_\_\_

#### Academic Achievement

- Superior
- Satisfactory
- Poor in relation to ability

#### Effort and Drive

- Industrious
- Average
- Easily Discouraged

#### Concentration

- Exceptional
- Usually Good
- Easily Distracted

#### Demonstrates appropriate energy level

- Usually
- Sometimes
- Seldom

#### Sociability

- Open and Friendly
- Reserved but approachable
- Shy and introverted
- Unsociable

#### Parent Support of School

- Very Good
- Average
- Sometimes unsupportive
- Critical of school/unsupportive

#### Leadership

- Highly influential for good
- Respected but slow to lead
- Independent. Follows, but with discrimination
- Follow indiscriminately
- Leads undesirable directions

#### My recommendation regarding this family is:

\_\_\_\_\_

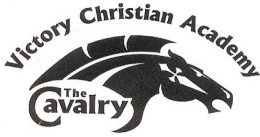
I would prefer to discuss this student personally. Please call me at: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_



To be completed upon acceptance

# Student Records Release Request

Victory Christian Academy  
115 S. Star, PO Box 241  
El Dorado, KS 67042  
(316) 321-4822 (4VCA)

Dear Registrar:

The following student(s) have applied for admission to Victory Christian Academy, Inc. Please release their academic, health and all pertinent records to the receiving school.

Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____

### Releasing School:

### Receiving School

\_\_\_\_\_  
School

Victory Christian Academy  
PO Box 241  
El Dorado, KS 67042

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature from Receiving School

\_\_\_\_\_  
City                      State                      Zip

Permission to release records by:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



To be completed upon acceptance  
**Annual Field Trip Release/Emergency Medical Form**  
**2021-2022 School Year**

This form will be on file at the school office for the current school year. Please list all children attending VCA.

I give permission for \_\_\_\_\_,  
to participate in school activities including sporting events and school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to an official representative of VCA more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with travel and activities. I/we agree to hold harmless Victory Christian Academy, Inc., its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
**Father/Guardian's Signature and Date**

\_\_\_\_\_  
**Mother/Guardian's Signature and Date**

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

Under the name of \_\_\_\_\_ Relationship \_\_\_\_\_

Group ID # \_\_\_\_\_ Ins. Ph# \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Date of Last Tetanus shot \_\_\_\_\_

Student's phone # \_\_\_\_\_ Student's address \_\_\_\_\_

Father's WK PH# \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's WK PH# \_\_\_\_\_ Cell phone \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work? \_\_\_\_\_

Name and phone numbers

