



Application Date _____

Application Form

Returning applicants please fill out section one and page 3.

Section 1

Applicant's Name _____ Age _____

First Middle Last

Gender _____ Grade to Enter _____ Birth Date _____ County of Residence _____

Address _____

Street City Zip State

Father _____ Employer _____

Work Phone _____ Cell Phone _____

Mother _____ Employer _____

Work Phone _____ Cell Phone _____

Home Phone _____ E-mail(s) _____

Person to notify in case of an emergency (other than parent) _____

Phone _____ Relationship to student _____

Does applicant currently live with both natural parents? _____ If no, please explain the situation as it now exists _____

Are both parents in agreement with the child being enrolled at Victory Baptist Academy? _____

Person(s) other than parent/guardian who may pick up applicant from school: _____

Section 2

Names of brothers and sisters	Age	Grade	School

Maternal Grandparents

Name _____

Address _____

Phone _____

Paternal Grandparents

Name _____

Address _____

Phone _____

Church membership _____ Pastor _____

Church attending (if different) _____ Pastor _____

Has the applicant been saved? _____ If yes, when? _____ Baptized? _____ If yes, when? _____

Please list all the schools the applicant has attended:

Name of School	City and State	Grades Attended (K5-12 th)

Please indicate the reason for selecting our school _____

Please indicate any grade(s) the student has attended at Christian Academy of the Smokies _____

Is the student at true grade level? _____ Has any grade been repeated? _____ If yes, which one(s)? _____

Reason _____ Has the applicant been in a learning disability class or special instruction school? _____ Has the applicant taken any special testing? _____

Does the applicant have any behavioral, emotional, anxiety, or discipline problems? _____

Has applicant ever been suspended, expelled, or truant from school? _____ Ever been placed in a juvenile facility or committed a misdemeanor or felony? _____

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnosis? _____ Is the student taking any other long-term prescription medication? _____

If yes, please explain _____

Explain any special medical, physical, or educational information or instructions that the school should be aware of:

Total Cost for the School Year

Registration & Technology Fee _____

Book Fee _____

Sports Participation Fee _____

Tuition _____

Total Cost for Year _____

Payments - _____ @ _____ per month / Pay in Full

FINANCIAL STATEMENT

By registering at Christian Academy of the Smokies, it is my intention to have my child complete the school year. It is my understanding that registration, book use charges, and fees are non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

STATEMENT OF ACKNOWLEDGEMENT

I understand that my child's enrollment at Christian Academy of the Smokies is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the academy's requirements, the academy reserves the right to terminate **at its discretion** my child's enrollment. *I understand that any information that is purposefully stated incorrectly on this form can be a cause for expulsion from Christian Academy of the Smokies.* _____ Initials

I give permission for my child to take part in all academy activities including sports programs and school-sponsored trips away from the school premises. I absolve the academy from liability to me or to my child because of injury occurring on the way to school, at school, or during any school-sponsored activity. _____ Initials

I authorize Christian Academy of the Smokies to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Victory Baptist Church/ Christian Academy of the Smokies from any liability which might result from such emergency treatment. _____ Initials

I have read and understand the Doctrinal Statement of the Victory Baptist Church and its Ministries as given in the Parent / Student Handbook. I accept fully the Doctrinal Statement and subscribe to the same. I understand the vital importance of the church and its place in Christian education and thereby agree to be in a Bible-believing church each week unless providentially hindered. I agree with the schools efforts to train my child in the Bible and will encourage my child in this and in all other phases of the curriculum. I acknowledge that I have received a copy of the Parent / Student Handbook, that I understand its content, and that I and my child agree to follow the guidelines contained therein.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____