



Village Christian Academy

908 S. McPherson Church Road

Fayetteville, NC 28303

Phone: (910) 483-5500

Fax: (910)483-5335

www.vcanc.com

APPLICATION FOR ADMISSION

Academic Year: _____

Grade Applying For: _____

Student's Full Name: _____ Nickname: _____

Male/Female: M F Date of Birth: _____ Place of Birth: _____ Student Adopted: Yes No

Social Security Number: _____ Student's Cell Number: _____

Address: _____
Street City & State Zip Code Home Phone Number

Family Church Home: _____ Is this the church you currently attend? Yes No

If not, which church? _____

Name & Address of Present School: _____

Reason for leaving: _____

Referred by: _____

Reason for selecting Village Christian Academy: _____

Does the student have any physical or emotional difficulties? Yes No If Yes, please explain: _____

Has the student been diagnosed with a learning disability or attention deficit? Yes No If Yes, please explain: _____

Has student ever been suspended or expelled from school? Yes No If Yes, please explain: _____

Has student ever failed any grade(s)? Yes No If yes, what grade(s)? _____

Will Before School Care (BSC) or After School Care (ASC) be required?

Before School Care: Often _____ Occasionally _____ Rarely _____ Never _____

After School Care: Often _____ Occasionally _____ Rarely _____ Never _____

EMERGENCY INFORMATION: Responsible adult to be contacted if parents **cannot** be reached. Please list in order to contact.

Name	Relationship	Home	Cell	Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Primary Household Information---- This parent's address should match student's address above.

Parent/Guardian One Relationship to Applicant: Father ___ Mother ___ Grandparent ___ Guardian ___ Other ___

Name: _____
Please indicate Mr., Mrs., Mr., Ms., Dr., etc.

Custodial Rights? Yes No Financially Responsible? Yes No Receive Correspondence? Yes No

Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Church Home: _____

Email 1: _____ Email 2: _____

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

Occupation: _____ Job Title: _____ Employer: _____

Additional Parent at address:

Parent/Guardian Two Relationship to Applicant: Father ___ Mother ___ Grandparent ___ Guardian ___ Other ___

Name: _____
Please indicate Mr., Mrs., Mr., Ms., Dr., etc.

Custodial Rights? Yes No Financially Responsible? Yes No Receive Correspondence? Yes No

Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Church Home: _____

Email 1: _____ Email 2: _____

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

Occupation: _____ Job Title: _____ Employer: _____

Secondary Household Information (If applicable) Other parent NOT living in same household with student

Parent/Guardian One Relationship to Applicant: Father ___ Mother ___ Grandparent ___ Guardian ___ Other ___

Name: _____
Please indicate Mr., Mrs., Mr., Ms., Dr., etc.

Custodial Rights? Yes No Financially Responsible? Yes No Receive Correspondence? Yes No

Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Church Home: _____

Email 1: _____ Email 2: _____

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

Occupation: _____ Job Title: _____ Employer: _____

Parent/Guardian Two Relationship to Applicant: Father ___ Mother ___ Grandparent ___ Guardian ___ Other ___

Name: _____
Please indicate Mr., Mrs., Mr., Ms., Dr., etc.

Custodial Rights? Yes No Financially Responsible? Yes No Receive Correspondence? Yes No

Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Church Home: _____

Email 1: _____ Email 2: _____

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

Occupation: _____ Job Title: _____ Employer: _____

Please give any special parental circumstances that VCA should be made aware of. (i.e.: stepparent, custody issues, deployments, deaths) _____

List other children in the family, oldest to youngest:

Name _____	Age _____	Grade _____	School _____	In Home	Y	N
Name _____	Age _____	Grade _____	School _____	In Home	Y	N
Name _____	Age _____	Grade _____	School _____	In Home	Y	N
Name _____	Age _____	Grade _____	School _____	In Home	Y	N

- I acknowledge that the preceding information is accurate and true.
- I understand that there is no refund of the application fee.
- I agree to support the school's policies and procedures.
- I give my permission for my child to take part in all school activities, including sports and school sponsored field trips away from the school premises.
- I release the school from any liability to my child or my family due to any injury at school or during a school activity.
- I understand that if my child is accepted as a student at Village Christian Academy he/she will be given instruction according to Biblical Christian principles as outlined in the school's Statement of Faith.
- Village Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.

I give permission for my student's name and/or photograph to be used in any Village Christian Academy publication (i.e. yearbook, newsletters, and website) or in articles released to the news media. Yes No

Student Signature: _____

Signature of Parent or Guardian: _____

Date of Application: _____

Village Christian Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions' policies, scholarship and loan programs, athletic and other school-administered programs.