

*The mission of  
Village Christian Academy is  
to provide a Christ-centered  
environment and education that will  
nurture our students spiritually,  
academically, physically, and  
socially so they may walk  
in Biblical truth.*

**Village Christian Academy**  
**908 S. McPherson Church Road**  
**Fayetteville, NC 28303**  
**(910) 483-5500**



## APPLICATION FOR ADMISSION

Student's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Please indicate Mr. and Mrs., Mr., Ms., Dr., etc.

Address: \_\_\_\_\_  
Street City & State Zip Code Phone Number

Cell Phone Numbers: \_\_\_\_\_  
Mother Father Pager Number

Parent Email: \_\_\_\_\_ MS/HS Student Email: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Student Adopted: Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name: \_\_\_\_\_ Profession & Title: \_\_\_\_\_

Name of Business Street Address City & State Phone Number

Mother's Name: \_\_\_\_\_ Profession & Title: \_\_\_\_\_

Name of Business Street Address City & State Phone Number

Name & Address of Present School: \_\_\_\_\_

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: \_\_\_\_\_

Student's recent grades have been: Superior \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

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

Of what church are you a member? \_\_\_\_\_ Is this the church you currently attend? \_\_\_\_\_

If not, which church are you presently attending? \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for selecting Village Christian Academy: \_\_\_\_\_

Will After School Care (ASC) be required? (Please circle below)

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

List other children in the family, oldest to youngest:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Check any that apply:**

Father is deceased                       Father has custody

Mother is deceased                       Mother has custody

Parents are separated                       Joint Custody

Parents are divorced

**EMERGENCY INFORMATION:** Responsible adult to be contacted if parents can not be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special medical requirements or allergies, if any: \_\_\_\_\_

- I acknowledge that the preceding information is accurate and true.
- I understand that there is no refund of the application fee.
- I have read and understand the Village Christian Academy Handbook for Students & Parents and 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.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_