



Committed to God...Committed to Excellence

Dear Parents,

Welcome to Village Christian Academy (VCA). We know the decision of which school to enroll your child is one of the most significant decisions made in a lifetime. It is essential that your school, your home, and your church all share the same mission, values and priorities.

At VCA we authentically embrace a partnership with parents. In other words, we understand the priority of the parental role. Our ministry is to support you in the spiritual, academic, physical and spiritual growth and development of your child.

We also embrace a foundational commitment to ensuring that a Biblical and Christian worldview is pervasive throughout our curriculum, activities, and programs. All that we do and are as a school community is centered on Jesus Christ.

If these beliefs and commitments resonate with you, then I encourage you and your family to join us here at VCA.

Yours in Christ,

A handwritten signature in black ink that reads 'Robert T. Barnes, Jr.'.

Robert T. Barnes, Jr.
Head of School



908. S. McPherson Church Road
Fayetteville, NC 28303
910-483-5500
www.vcanc.com





Application for Admissions

2024/2025 Open Enrollment ~ Begins Thursday, February 15th

Admission Packet Includes

- Completed Online Application for Admissions
(Kindergarten Applicants- must be 5 years old before August 31)
 _____ Kindergarten Applicants submit Kinder Evaluation complete by student's preschool teacher- provide email within application.
 _____ Teacher Recommendation (1st-12th grades)- provide email within application
 _____ Pastor Recommendation - provide email within application
 _____ Application Fee \$150 paid online when application is submitted
- Copy of the student's social security card
- Copy of the student's birth certificate
- Current Immunization Record
- Copy of the student's most recent standardized test scores (1st-12th grades)
- Copy of the student's most recent report card (1st-8th).
 Transcript required for grades 9th -12th

Application Process - See FACTS Family Portal Info Sheet for more info

1. Please visit our website at www.vcanc.com
2. Select the "Admissions" tab from the menu at the top of the page
3. Select "Click Here to Apply"
4. Select "Apply Online" to begin the application

Supplemental documents may be submitted via:

Email: vcak-12@vcanc.com

Mail or Drop off at the Welcome Center (Monday – Friday 8:00 am - 3:00 pm)

Village Christian Academy Admissions Office

908 S. McPherson Church Road

Fayetteville, NC 28303

Interview

Date: _____

Kindergarten Screening

Date _____

Once completed admissions packets are reviewed, we will contact you to schedule the Student/Family interview. (Note: Kindergarten applicants will have an assessment completed by one of our teachers prior to the interview being scheduled). All admissions are tentative pending final approval by the Admissions Committee.



2024/2025 Tuition & Fees

Annual Tuition

Elementary (K-5th)
\$8432

Middle (6-8th)
\$8671

High School (9-12th)
\$8895

Required Fees - Not Included in Tuition

New Student Applicable Fees

Student Application Fee:	\$150 per applicant
Student Registration Fee:	\$250 One-time fee per new student; not to exceed \$500 per family
Resource Fee:	\$390 per student

Returning Student Applicable Fees

Re-enrollment Fee:	\$150 per student (\$250 after February 14, 2024)
Resource Fee:	\$390 per student (\$425 after June 27, 2024)

*****All fees are non-negotiable and non-refundable*****

Security Fee - \$125/student (Due by July 22, 2024)

Senior/Graduation Fee - \$175

Elementary Class Tee Shirt - \$15

Uniforms

All uniform shirts (polo shirts, T-shirts, and sweatshirts) with the VCA logo must be purchased from the school store. All bottoms are to be solid khaki or black color and can be purchased from any store. See the Student Handbook for the dress code policy.

Financial Policies

- **Withdrawal Fee - \$500** will be charged per student who withdraw, with the exception of families relocating outside of the Fayetteville area, or loss of employment/income.
- **FACTS Accounts/Payment Plans**
 - 10-month and 12-month billing plans through FACTS are available.
 - 10-month billing plans must be established on or before July 22, 2024.
 - 12-month billing (includes \$390.00 resource fee) must be established on or before May 20, 2024.
- All families must create a FACTS account regardless of payment method. FACTS will not require bank information or a set-up fee if tuition is paid in full. FACTS assesses an annual fee of \$55.00 for all monthly payment plans.

Discounts

Multi-Child Discount: 11% discount for the 2nd child, and 23% for each additional child enrolled.

Paid-In-Full Discount: 1% of base tuition will be discounted if tuition is paid (cash or check only) in full by June 27, 2024.

****All discounts apply to base tuition only****

Other Fees

Special Programs.

Discovery Program (grades 1-2nd): \$350 annually per student

Academically Gifted Program (grades 3-6th): \$500 annually per subject (language arts, math) per student

Academic Enrichment: \$500 annually per subject (language arts, math) per student

After School Care

After School Care (3:15pm-6:00pm) \$10.00 per day

\$10 per minute late fee after 6:00pm

Athletic Participation Fees

Middle School: \$225 per sport per student

Junior Varsity: \$260 per sport per student

Varsity: \$275 per sport per student

Culinary Class Fee - \$50/semester

Parking Pass - \$30 - high school drivers

Field Trips, Clubs Fees, Dances - determined as needed

Detention - \$12/day

ISS - \$60/day

Dress Down Fridays

\$1.00 per item outside of uniform not to exceed \$2.00. See the Student Handbook for the policy.

Lunch

Ordered and paid through myhotlunchbox.com

Snack Shack (after school care and secondary break) - billed through FACTS as a student orders.

Additional fees may apply.

For more information see the VCA Parent/Student Handbook or contact the

VCA Finance Office ~ 910.241.0293 / 910.359.2185

908 S. McPherson Church Road Fayetteville NC 28303

THE NORTH CAROLINA OPPORTUNITY SCHOLARSHIP PROGRAM

The Opportunity Scholarship Program is a scholarship program that provides annual scholarships for tuition and fees at an eligible private school. This program allows families to access the education best fit for their child's needs.

THE 2024-25 SCHOOL YEAR APPLICATION OPENS FEBRUARY 1, 2024

WHICH STUDENTS QUALIFY?

Students must meet the following requirements to be eligible for the program.

- At least 5 years old by August 31 or at least 4 by April 16 and approved for kindergarten according to [State guidelines](#)
- Lives in NC
- Has not graduated high school
- Has not enrolled in a post-secondary institution full-time (12 or more credit hours in a given semester)

**ELIGIBILITY
NOW OPEN TO
ALL NC K12
STUDENTS
REGARDLESS
OF INCOME OR
PRIOR PUBLIC
SCHOOL
ENROLLMENT**

WHAT IS THE SCHOLARSHIP AMOUNT?

- A student's scholarship amount will be based on household income.
- Scholarship amounts will range from approximately \$3,000 to approximately \$7,000. Students from lower income households will receive a higher scholarship amount than students from higher income households.

Official scholarship amounts will be available January 2024.

WHEN DO I APPLY?

- The Opportunity Scholarship application for the 2024-25 school year will open on February 1, 2024.
- Families must apply by March 1 to receive priority consideration.

More information about the application process will be available in January at www.ncseaa.edu.

TO CHECK YOUR ESTIMATED SCHOLARSHIP AMOUNT VISIT
SCHOOLCHOICENORTHCAROLINA.COM

PARENTS FOR EDUCATIONAL FREEDOM IN NC
3100 SMOKETREE CT. SUITE 501, RALEIGH, NC
PEFNC.ORG
(888) 858-8802

HOW TO APPLY FOR A K-12 SCHOLARSHIP

You must first create a MyPortal account. MyPortal is where you will:

- Apply for a scholarship or grant
- Check the status of your application
- Update your school of choice

<https://myportal.ncseaa.edu>

1. Click Create Account

2. “Are you a parent applying on behalf of your K12 student for a scholarship grant?”

Choose Yes.

3. The “Create a User Account” screen will pop up where you will put in your information.

User Name must be unique. If the system tells you it is not taking the user name, it may already be used by someone else. The user name is not case-sensitive.

The password is and must be at least 10 characters and follow password guidelines.

4. Check your email for an activation email from noreply@ncseaa.edu. Click on the link in the email.

Don't see the email? Check your Spam folder.



MyPortal Account Login

User Name
Password
By logging in, I certify that I have read, agree to and understand the Terms and Conditions Page

Login

Forgot your username or password?

Create an Account: If you're a school administrator, see your administrator for assistance.
In order to create an account, click here: [Create an Account](#)

To return to the NCSEA website, click here

If you are having trouble logging in, [Email Support](#)
(855) 763-5333
ncseaa@ncseaa.edu



Create a User Account

Parent Email Name: [text]
Parent Middle Name: [text]
Parent Last Name: [text]
Parent Social Security Number: [text]
Parent Date of Birth: [text]
Parent Date of Birth (mm/dd/yyyy): [text]
Email: [text]
Password: [text]
Confirm Password: [text]
User Name: [text]
Password: [text]
Confirm Password: [text]

Submit

Tip: Passwords expire every 365 days.

Your MyPortal account is activated and you can now sign in!

Applications for the Opportunity Scholarship and ESA+ program will open on February 1, 2024.

Parents For Educational Freedom in NC | info@pefnc.org | (888) 858-8802



ACCESSING

FACTS Family Portal

FACTS gives you the opportunity to get more involved in your child's academic progress and future success by using FACTS Family Portal, a private and secure portal that allows you to view academic information specific to your children, while protecting their information from others. You may view your child's grades, attendance, homework, conduct, as well as other useful school information.

Family Log In ▾

FACTS Family Portal

HOW TO ACCESS FACTS FAMILY PORTAL

1. From FACTSmgt.com, click **Family Log In**, then click **FACTS Family Portal**.
2. Type your school's **District Code** VCA-NC
3. Click **Login**.
4. Click **Create new account**.
5. Type your email address.
6. Click **CREATE ACCOUNT**. An email will be sent which includes a link to create your Family Portal Login. The link is active for 6 hours.
7. Click the **Create your Family Portal Login** link in the email.
8. Type a username and password.
9. Click **Create Account**.
10. Click **Back to log in** and use your new credentials to log in.



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: 1 Yes 2 No

Race:

1 Other Non-White 2 White 3 Black 4 American Indian 5 Chinese
 6 Japanese 7 Hawaiian 8 Filipino 9 Other Asian 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





January 2016

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:

