



**DATE:**

# RE- ENROLLMENT FORM

**LEADING THE NEXT GENERATION TO HIGHER STANDARDS THROUGH CHRISTIAN EDUCATION**

FOR OFFICE USE ONLY:

RE-ENROLLMENT FEE \$50 **NON-REFUNDABLE** (PER STUDENT)

STEP-UP FOR STUDENTS     MCKAY     CASH     VISA/MC     CHECK# \_\_\_\_\_

For the School Year \_\_\_\_\_ - \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade to Enter \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_    Sex \_\_\_\_\_    Home Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name	Relationship	Phone#
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I/We agree to support and abide by School regulations and guidelines throughout subsequent years of attendance. I further agree to hold Victory Christian Academy harmless for any and all liability that may result from my child attending or participating in all activities of Victory Christian Academy.

Parent/Guardian Signature(s) \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED WITH THE NON-REFUNDABLE RE-ENROLLMENT FEE OF \$50 PER STUDENT.**