



RE-ENROLLMENT FORM

"LEADING THE NEXT GENERATION TO HIGHER STANDARDS THROUGH CHRISTIAN EDUCATION..."

FOR OFFICE USE ONLY:

STEP UP FOR STUDENTS

TRIPLE A

MCKAY

SELF-PAY

School Year ____ - ____

Student Name: _____

Grade to Enter: _____

Date of Birth: _____

Gender: _____

Phone #: _____

Father's Name: _____

Mother's Name: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

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

Emergency Contact: _____

Name

Relationship

Phone #

I/we agree to support and abide by school regulations and guidelines throughout each year of enrollment. I/we further agree to hold Victory Christian Academy harmless from any and all liability that may result from my child's attendance or participation in all Victory Christian Academy's activities.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

FORMS MUST BE SUBMITTED BY MARCH 1 TO AVOID a \$50 (PER STUDENT) LATE RE-ENROLLMENT FEE.