

# Application for Admission



*Leading the Next Generation to Higher Standards through Christian Education.*

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

Ethnicity:  Black/African American  Caucasian  Hispanic  Other-Please specify \_\_\_\_\_

My student is a  Step Up for Students Recipient  McKay Recipient  Self-Pay

## STATEMENT OF FAITH

- WE BELIEVE** the Bible is the inspired infallible and authoritative written Word of God. The Scriptures reveal God, the way of salvation and God's plan and purpose throughout all the ages.
- WE BELIEVE** that there is one God, eternally existent in three persons: God the Father, God the Son and God the Holy Spirit.
- WE BELIEVE** in the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, His miracles, His atoning death, His resurrection and His return in power and glory.
- WE BELIEVE** in the Blessed Hope, which is the Rapture of the church at the imminent coming again of our Lord Jesus Christ.
- WE BELIEVE** that the only way to be cleansed from one's sins is through repentance and faith in the blood of Jesus Christ.
- WE BELIEVE** that the redemptive work of Christ on the cross provides healing of the human body, soul and spirit.
- WE BELIEVE** that the Baptism of the Holy Spirit with the evidence of speaking in tongues is available to all believers.
- WE BELIEVE** in the sanctifying power of the Holy Spirit by whose indwelling Christians are able to live a holy life.
- WE BELIEVE** in the resurrection of the saved unto everlasting life and the lost to eternal damnation.
- WE BELIEVE** that the mission of the redeemed is to fulfill God's purpose concerning man, which is to seek and to save that which is lost, and then to perfect those who accept God's redemption of grace.

***Victory Christian Academy will admit students of any race, color, nationality, and/or ethnic background to all rights, privileges, programs, and activities generally accorded to students at the school. We will not discriminate on the basis of race, color, nationality, and/or ethnic background in the administration of our educational and admission policies.***

### For Office Use Only

Application Fee \$50(per student):  Check # \_\_\_\_\_  Cash  Credit Card  Money Order

Admission Testing Fee \$20(per student):  Check # \_\_\_\_\_  Cash  Credit Card  Money Order

Accepted  Yes  No Grade: \_\_\_\_\_ Terms: \_\_\_\_\_ Authorized Initial: \_\_\_\_\_

# FAMILY INFORMATION



Applicant lives with ( Check all that apply):

- Father     Stepfather     Other     Father has custody     Parents are separated  
 Mother     Stepmother     Other     Mother has custody     Parents are divorced  
 Joint custody

## FATHER/ STEPFATHER

Title/Name \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_ ext. \_\_\_\_\_

## MOTHER/ STEPMOTHER

Title/Name \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_ ext. \_\_\_\_\_

**This application does not guarantee enrollment. The Admissions Committee evaluates each applicant based on the ability of Victory Christian Academy to meet the need(s) of each child.**

## EDUCATIONAL/BACKGROUND INFORMATION

Applicant's Current School \_\_\_\_\_

Current School Address \_\_\_\_\_

Telephone \_\_\_\_\_ Parochial \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ Years Attended \_\_\_\_\_

Has your child ever attended Victory Christian Academy? \_\_\_\_\_ If so, which grade(s)? \_\_\_\_\_

Has your child ever skipped a grade? \_\_\_\_\_ If so, which grade(s)? \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_ If so, which grade(s)? \_\_\_\_\_

Has your child ever been suspended, expelled or asked to withdraw from their present school for any reason?

Yes  No If yes, please explain. \_\_\_\_\_

Has your child ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring, etc.)?  Yes  No

If yes, please explain. \_\_\_\_\_

Has your child ever been diagnosed with a learning disability?  Yes  No

If so, please provide details of the diagnosis. \_\_\_\_\_

Does the applicant take medication for any medical need and/or learning disability?  Yes  No

If yes, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls mood, etc.). \_\_\_\_\_

### Relative(s) who attends or have attended Victory Christian Academy

Name	Years Attended	Relationship
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_____	_____	_____
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I/We agree to support and abide by school regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. I/We authorize VCA to contact current and previous schools and other sources to obtain information to support this application. **I/We will not seek access to confidential recommendations and evaluation materials before or after the admissions decision has been made.**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# PARENT-SCHOOL AGREEMENT



## I agree:

1. To support the standards of the school in every area of its policies and procedures-academically, behaviorally, spiritually, in dress and in discipline.
- 2. To support the school in its endeavors in training my child in the Christian faith by example, prayerful encouragement, Chapel and Bible classes.**
3. To assume the responsibility for my child's education by supervising assigned homework and initiating contact with my child's teacher.
4. To be involved in my child's education through attendance and participation in the various activities of the school, including all meetings held for parents.
5. I understand that all Recommendations and Forms are required to complete the application process.

## STATEMENT OF COOPERATION

I give Victory Christian Academy permission for my child(ren) to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school body. I further agree to hold the school and its agents harmless for the liability of my child(ren) or any guardian or parent thereof because of any claims on behalf of my child(ren) against the school or any agent thereof because of any injury or alleged injury to my child(ren). Should legal action for any reason, be taken against Victory Christian Academy or any employee or agent thereof, on my child(ren)'s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Victory Christian Academy or its agent(s) should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my child(ren) listed attends Victory Christian Academy whether it be in the Kindergarten, Elementary, Middle or High School.

I understand that should my marital status change, it is my responsibility to have an updated Statement of Cooperation signed and delivered to Victory Christian Academy. VCA admits students of any race, color, and national or ethnic origin.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# FINANCIAL AGREEMENT



## Self-Paying Parents

Accounts are setup for each family enrolled at the Academy. **We accept cash, VISA, MasterCard, personal checks, cashier's checks, and money orders.** All tuition payments are due by the 5<sup>th</sup> of each month. *Payments made after the 5<sup>th</sup> of the month will incur a **\$30 late fee per child.*** If tuition payments are more than 30 days late, your child will be automatically withdrawn from the Academy.

## Scholarship Recipients (Step Up For Students or McKay)

Scholarship Tuition payments are distributed four times during the school year by the Step Up For Students and the John McKay Scholarship programs. Though distributed by a third party, parents must be mindful that these scholarship payments cover the recipient's tuition cost and fund their student's enrollment at Victory Christian Academy. All parents of scholarship recipients are required to endorse checks within **two (2) business days** of receiving notification. Failure to endorse checks in a timely manner will result in a **\$30 per child late checking signing fee.**

## FINANCIAL OBLIGATION

### Self-Paying Parents

- I understand that tuition is due by the 5<sup>th</sup> of each month and payments made after this date will incur a late fee of **\$30 per child** that will be charged to my account.
- I further understand that all payments made more than 30 days after the due date will result in the automatic withdrawal of my child and all academic records will be withheld.
- I understand that all **returned checks** will incur a **\$20** returned check fee. I also understand VCA will not accept my checks as a form of payment if returned twice.

### Scholarship Recipients (Step Up For Students or McKay)

- I understand that scholarship payments are distributed four times within the school year and require my signature.
- I further understand that I have **2 business days** from the time of notification to endorse payment, or a **\$30 late fee per child** will be charged to my account.

## PARENT SIGNATURES

**My signature verifies that I have read and accepted the terms and conditions outlined in this contract.**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# MEDICAL HISTORY



Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Please list any medical conditions of which school personnel should be aware (e.g. ADD, ADHD, asthma):

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Does your child take any medication regularly? \_\_\_\_\_ If yes, please list medication(s) and the effects on your child's ability to function in school: \_\_\_\_\_

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## EMERGENCY MEDICAL AUTHORIZATION/LIABILITY RELEASE

The above named child is presently attending Victory Christian Academy. He/she has the following physical or medical limitations, including allergies and prohibited medicine: \_\_\_\_\_

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## VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD:

Insurance Company: \_\_\_\_\_ Policy/I.D. #: \_\_\_\_\_

I hereby authorize and consent for Victory Christian Academy's staff to employ a licensed physician on my behalf for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved in a school activity or while on school property. Said authorization and consent for emergency treatment includes hospitalization and surgical procedures recommended by physician.

I understand that every reasonable effort will be made to notify me in case of such an emergency.

I do hereby release Victory Christian Academy from any and all medical or hospital expense resulting from any type of accident or injury occurring to my child while involved in any school activity on or off campus.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date



# TEACHER RECOMMENDATION

## Students Entering Kindergarten

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

The above student is a candidate for admission to Victory Christian Academy. Your evaluation of the application will be a pertinent tool in the admissions process. Please complete and fax back to us to (407) 295-3331. The applicant's file will be incomplete without the return of this form.

<i>Please check the appropriate boxes</i>	<b>Developmentally Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed/ No Interest Shown</b>
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### SOCIAL DEVELOPMENT

Plays/works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays/works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands/follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PHYSICAL DEVELOPMENT

Dresses self (buttons/zips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds crayon/pencil correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks, runs, jumps, climbs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can catch, bounce, throw a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows partiality to left; right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PERSONAL DEVELOPMENT

Knows full name, age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows phone number, address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### LANGUAGE DEVELOPMENT

Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronounces words clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letters of alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates sounds with letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can print own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms letters correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works from left to right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in stories/books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NUMBER DEVELOPMENT

Counts 10 objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can classify objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this student? \_\_\_\_\_ What are the first words that come to your mind about him/her? \_\_\_\_\_

What are the student's strengths and/or weaknesses? \_\_\_\_\_

Has the student had discipline and/or attendance (tardiness) problems? \_\_\_\_\_

Has the student ever been tested or received special help for social, emotional or academic difficulties?  Yes  No

If yes, please explain \_\_\_\_\_

How would you rate the parent's cooperation/involvement?  Very cooperative  Usually cooperative  Rarely cooperative

Usually cooperative  Disinterested  Never had any communication with them

**Please rate the student within the following categories from 1 to 10.**

Level of respect \_\_\_\_\_ Attention \_\_\_\_\_ Level of focus \_\_\_\_\_ Level of obedience \_\_\_\_\_ Work effort \_\_\_\_\_ Creativity \_\_\_\_\_



# TEACHER RECOMMENDATION

## Student's Entering Grades 1-6

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

The above student is a candidate for admission to Victory Christian Academy. Your evaluation of the application will be a pertinent tool in the admissions process. Please complete and fax back to us to **(407) 295-3331**. The applicant's file will be incomplete without the return of this form.

1. How long have you known this student? \_\_\_\_\_
2. What are the first words that come to your mind about him/her? \_\_\_\_\_  
\_\_\_\_\_
3. Is this student on the appropriate reading and math level? \_\_\_\_\_
4. Has the student ever been tested or received special help for reading or a learning difficulty? \_\_\_\_\_  
\_\_\_\_\_
5. What do you see as this student's **strengths**? (Academic, personal, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. What do you see as the student's **weaknesses**? (Academic, personal, etc.) \_\_\_\_\_  
\_\_\_\_\_
7. How would you rate the parent's cooperation/involvement?  Very cooperative  Usually cooperative  
 Rarely cooperative  Disinterested  Never had any communication with them
8. Has the student had discipline or attendance (tardiness) problems?  Yes  No If yes, please explain.  
\_\_\_\_\_
9. Was there ever a need to write detentions or referrals for this student? If yes, please tell us how many and why.  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you recommend this student for admissions to our school? \_\_\_\_\_

**Please rate the student within the following categories from 1 to 10.**

(1 being the lowest and 10 being the highest)

Level of Respect \_\_\_\_\_  
Attention \_\_\_\_\_  
Level of Focus \_\_\_\_\_

Level of Obedience \_\_\_\_\_  
Work Effort \_\_\_\_\_  
Creativity \_\_\_\_\_



# TRANSPORTATION FORM



Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

## If applicable:

I \_\_\_\_\_ give my above named child(ren) permission to walk and/or take public transportation when leaving school, thereby releasing Victory Christian Academy of any and all liability or harm that may occur. My signature verifies that I have read and accepted the terms of the outlined statement.

\_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pick-up Information

The following people are authorized to pick-up my child. No one else is permitted to do so unless I notify the school in advance.

\_\_\_\_\_  
Name (Print) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Name (Print) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Name (Print) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Name (Print) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

## OTHER INFORMATION



How did you hear about VCA? \_\_\_\_\_ Referred By: \_\_\_\_\_

Why is your child(ren) being withdrawn from his/her present school? \_\_\_\_\_

\_\_\_\_\_

Is your child eligible to re-enter his/her present school?  Yes  No

Why do you want your child(ren) to attend Victory Christian Academy?

\_\_\_\_\_

What expectations do you have for your child(ren) as a student at Victory Christian Academy? \_\_\_\_\_

\_\_\_\_\_

Are you a born-again Christian who has placed your faith in Jesus Christ as Lord and Savior?

Yes  No

If yes, please tell how and when you became one:

\_\_\_\_\_

\_\_\_\_\_

How would you describe your current relationship with the Lord?

\_\_\_\_\_

Are you an active member at a church?  Yes  No

If yes, which church do you attend? \_\_\_\_\_

### **AFFIRMATION OF AGREEMENT**

By signing below, we the parents/guardians of said student affirm that we have given completely truthful information herein. We have read, understood, and will abide by the policies and agreements outlined in this application.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# STUDENT CONDUCT AGREEMENT



## Students Entering Grades 7-12

Victory Christian Academy is a Christian school in every area. We believe that there is no learning apart from Christ and this is reflected in our curriculum. It is our desire that every student reflect a lifestyle that is pleasing to Jesus Christ.

1. I agree to strive for excellence as a student in all that I say and do.
2. I agree to obey the Bible in speech and conduct.
3. I agree to respect and cooperate with those in authority at the school.
4. I agree to avoid the use of alcohol, drugs, and tobacco.
5. I agree to avoid cursing, sexual immorality, cheating, objectionable music, and objectionable movies.
6. I agree to dress in accordance with the code that has been set by the school and to wear modest apparel.
7. I agree to submit to the discipline policy of the school.
8. I agree to refrain from gossip, grumbling, and complaining.
9. I understand that once I am enrolled at Victory Christian Academy, I am part of Victory Christian Academy wherever I go. Therefore, I agree to avoid behavior, both on and off campus that would dishonor Jesus Christ, the school, the church, my family, and myself. I can be held accountable for all negative behavior.
10. I agree to refrain from kissing, inappropriate touching, and from holding hands with the opposite or same sex.

## DISCIPLINE

1. I understand the biblical method of discipline involves the correction of internal attitudes as well as external actions.
2. I want my child to be confronted for wrong attitudes, realizing these things cause types of behavior problems.
3. I believe in the Biblical method for corrective discipline at the school. I also agree to come to the school to administer corrective measures when needed.
4. I will respond promptly to Infraction Notices and any other communication sent home regarding attitude and/or behavior problems.

Parents and student must sign:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# STUDENT QUESTIONNAIRE



***This form is only for students entering grades 7-12.***

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

1. Are you a Christian? \_\_\_\_\_
2. Do you attend church regularly? If so, where? \_\_\_\_\_  
\_\_\_\_\_
3. Why do you want to attend this school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Which academic subjects are of the **greatest** interest to you and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Which academic subjects are of the **least** interest to you and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name your favorite music artist, book, and movie. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name three adjectives that your friends would use to describe you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Tell us about any achievements of which you are proud of or any special recognition that you have received.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# English Teacher Recommendation Form

This form is only for students entering Grades 7-12.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Ext \_\_\_\_\_

**Dear English Teacher:**

**Please complete this form. The applicant's file will not be considered complete for our school without the return of this form. We appreciate your time and comments.**

How long have you known this student? \_\_\_\_\_

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Circle the appropriate response. Please comment on any number marked below 3.

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Adults	1	2	3	4	_____
Dependability	1	2	3	4	_____

Is this student on appropriate grade level? \_\_\_\_\_

What do you see as this student's strengths? (Academic, personal, etc.) \_\_\_\_\_

What do you see as this student's weaknesses? (Academic, personal, etc.) \_\_\_\_\_

Was there ever a reason to contact his/her parents? If so, why? \_\_\_\_\_

What is your overall assessment of this student? \_\_\_\_\_

\_\_\_\_\_  
*Teacher's Signature*

\_\_\_\_\_  
*Date*

Please fax the completed form to Victory Christian Academy at 407-295-3331,  
Attention: Admissions Office. For all questions please call 407-295-3332. Thank you for your time.



# Math Teacher Recommendation Form

This form is only for students entering Grades 7-12.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Ext \_\_\_\_\_

**Dear Math Teacher:**

**Please complete this form. The applicant's file will not be considered complete for our school without the return of this form. We appreciate your time and comments.**

How long have you known this student? \_\_\_\_\_

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Circle the appropriate response. Please comment on any number marked below 3.

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Adults	1	2	3	4	_____
Dependability	1	2	3	4	_____

Is this student on appropriate grade level? \_\_\_\_\_

What do you see as this student's strengths? (Academic, personal, etc.) \_\_\_\_\_  
\_\_\_\_\_

What do you see as this student's weaknesses? (Academic, personal, etc.) \_\_\_\_\_  
\_\_\_\_\_

Was there ever a reason to contact his/her parents? If so, why? \_\_\_\_\_  
\_\_\_\_\_

What is your overall assessment of this student? \_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax the completed form to Victory Christian Academy at 407-295-3331, Attention: Admissions Office. For all questions please call 407-295-3332. Thank you for your time.