



Victory Baptist Church & Victory Christian School
 684 Old Hertford Hwy. • Elizabeth City, NC 27909
 www.victorybaptistministries.com
 252-264-2011 • Fax 252-264-4155

Student Registration Form

STUDENT INFORMATION
SCHOLASTIC INFORMATION

STUDENT'S NAME **GRADE** **SOCIAL SECURITY #**
 PLEASE COMPLETE ONE FORM IN ITS ENTIRETY FOR EACH STUDENT.

Name: _____
 (Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Birth Date: _____

Birthplace: _____ Sex: _____ SS#: _____

Race: _____ Church Attending: _____

Has the student received Christ as Savior? _____ Yes _____ No Date: _____

School Last Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

Grades Have Been: Superior _____ Above Average _____ Average _____ Below Average _____

Has Your Child Ever Failed? _____ If So Explain: _____

Grade Entering: _____ Referred By: _____

Has your child ever been expelled, dismissed, suspended, or refused admission to another school?
 Yes _____ No _____ If So Explain: _____

PARENT ONE

FATHER MOTHER STEP-FATHER STEP-MOTHER OTHER (SPECIFY)

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Employer: _____ Occupation: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Church Attending: _____

Do you know Christ as your Savior? ____ Yes ____ No Date: _____

PARENT TWO

FATHER MOTHER STEP-FATHER STEP-MOTHER OTHER (SPECIFY)

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Employer: _____ Occupation: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Church Attending: _____

Do you know Christ as your Savior? ____ Yes ____ No Date: _____

FINANCIAL

PLEASE INDICATE WHO IS FINANCIALLY RESPONSIBLE (please circle): PARENT 1 PARENT 2 OTHER (If other please complete the information below.)

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

PAYMENT PLANS (please circle): 10 MONTH PLAN 12 MONTH PLAN ALL IN FULL

Signature: _____ Date: _____

By signing above, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Victory Christian School, per the Financial Policy as stated in the VCS Handbook.

Please list contacts whom the school should notify in case of emergency should parents not be reached. (All contacts should live within the Elizabeth City area):

1. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE
2. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE
3. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

List any medications the student is currently taking: _____

List any medications to which the student is allergic: _____

List any known allergies (bee sting, peanuts, etc.): _____

“Victory Christian School has my permission in an emergency, when I cannot be contacted, to contact the physician listed below and/or transport my child to the emergency room of the nearest hospital. I also extend further permission for the physicians and medical staff of said medical facility to provide treatment which is deemed necessary for the physical well-being of my child.”

NAME OF PHYSICIAN _____ PHONE _____

POLICY NUMBER _____ STUDENT’S DATE OF BIRTH _____

MEDICAL INSURANCE CARRIER _____ INSURED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FIELD TRIP & TRAVEL PERMISSION

“I understand that special trips away from the Victory Christian School campus are planned for the students throughout the year. These trips include, but are not limited to, educational field trips, athletic events, competitions, and class projects. I am further aware that these excursions are carefully arranged and adequately supervised by adults. I give permission for my child to be included on these trips. Furthermore, I extend the medical permissions as outlined above to govern emergencies in which my child may be involved during these trips.”

PHOTOGRAPHING & PUBLISHING PERMISSION

“I understand that Victory Baptist Ministries may take pictures of my child for yearbook and other publishing purposes. Other publishing would include but not limited to the internet at www.victorybaptistministries.com, and on other brochures, etc.

_____/_____/_____
 PARENT / GUARDIAN SIGNATURE DATE

Victory Christian School desires to train your child in activities that are Christ-centered. We believe that the Bible is the Rule Book which God has provided for all to follow. However, all men fall short in their endeavor to apply its principles for daily living to their lives. Therefore, in order to maintain a uniform environment which is conducive to educational atmosphere, the Student Handbook outlines specific rules and regulations as to the order by which Victory Christian School will operate. We ask that a parent/guardian and any student enrolling in Grades 7-12 sign below, stating that they have read and understand the handbook and will abide by its directives.

"I have read the Handbook of Victory Christian School and agree to comply with all therein."

_____/_____/_____
PARENT/GUARDIAN SIGNATURE **DATE**

"I have read the Handbook of Victory Christian School and agree to comply with all therein."

_____/_____/_____
STUDENT (GRADE 7-12) SIGNATURE **DATE**

List below all individuals who have permission to pick up your child from the campus of Victory Christian School. Students will only be released to persons listed below unless a parent/guardian contacts the school office giving permission for the child to be released to another individual.

1. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

2. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

3. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

4. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

5. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE

6. _____ (_____) _____
 NAME RELATIONSHIP DAY PHONE