



VALLEY CHRISTIAN SCHOOL

MINISTRY OF VALLEY BIBLE CHURCH

1350 Discovery Street
 San Marcos, CA 92078
 760.744.0207

vcsnavigators.com
office@vcsnavigators.com

New Student Application Checklist	✓
Registration Form	
Student Record Release Form	
Church Affiliation	
Immunization Records <i>Students entering seventh grade must show proof of Tdap booster.</i>	
Non-refundable Registration Fee of \$200	
<i>In-coming kindergarten students only:</i>	
Health Exam (Kindergarten)	
Copy of original birth certificate (Kindergarten) <i>Student must turn 5 by October 1, 2018.</i>	

Once a student has been admitted, it is the parent's/guardian's responsibility to provide all necessary medical and transportation information via ParentsWeb.

Valley Christian School (VCS) admits students of any race, color, nationality, or ethnic origin to all rights, privileges, programs, and activities that the school provides students. In addition, VCS does not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, extracurricular activities, and other school programs. VCS reserves the right to select students on the basis of academic performance, Christian commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with the administration and school policies.



VALLEY CHRISTIAN SCHOOL
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2018/2019 School Year Registration

For Office Use only

New Student Returning Student

Name of person or family who referred you: _____

Date: _____

Grade Entering: _____

Paid: \$ _____

Date: _____

Received by: _____

Student Information

Last Name: _____		First Name: _____	M.I. _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	

New students only:

Previous school attended: _____

If transferring from a private school, please supply a signed letter from the school stating that all financial obligations have been met.

Family Information	Mother	Father	Other: _____
First Name			
Last Name			
Cell Phone			
Text Messages	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
City			
Zip Code			
Email			
Work Phone			
Employer			
Financial Responsibility	Please inform the office staff if financial responsibility will be shared by more than one individual or by someone other than the custodial parents.		

Additional Information

Please explain any special factors, conditions, learning differences, or IEP's that apply to your student.

Registration fees are non-refundable. New student registration fee is \$200 per student.

Early withdrawal at any time will result in a fee of 10% of the remaining school year's tuition.

Church Affiliation



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Parent/Guardian Name: _____

Parent/Guardian Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Please provide a short testimony explaining your personal relationship with Jesus Christ and how you integrate your faith into your family life.

Current Church Information:

If you do not attend church, simply check the box and return this form with your application.

Name of Church:	
Pastor's Name:	Denomination:
Do you attend this church on a regular basis:	Length of time you have been affiliated with this church:
List any areas of ministry in which you are involved:	



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Student Record Release Form

Date: _____

Student's Last Name *First Name* *M.I.* *Birth Date* *Grade*

Name of school previously attended

Address

City/State/Zip Code

Phone: _____ Fax: _____

I hereby authorize the release of all student records (official transcripts, cumulative records, health records, confidential records, IEP and any other guidance information) to:

Valley Christian School
1350 Discovery Street
San Marcos, CA 92078
Phone: (760) 744 - 0207
Fax: (760) 744 - 6231

Parent/Guardian Signature

Office Use Only:

Date sent: _____ Date received: _____ Received by: _____