



## VALLEY CHRISTIAN SCHOOL

MINISTRY OF VALLEY BIBLE CHURCH

1350 Discovery Street  
San Marcos, CA 92078  
760.744.0207

[vcsnavigators.com](http://vcsnavigators.com)  
[office@vcsnavigators.com](mailto:office@vcsnavigators.com)

| <b>New Student Application Checklist</b>  | ✓ |
|---|---|
| Registration Form   |   |
| Student Record Release Form   |   |
| Church Affiliation  |   |
| Immunization Records<br><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)<br><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**  
MINISTRY OF VALLEY BIBLE CHURCH

## 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:<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Student resides with:<br><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       | Father  | Mother   | 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



VALLEY CHRISTIAN SCHOOL  
MINISTRY OF VALLEY BIBLE CHURCH

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.

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## Current Church Information:

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

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



# VALLEY CHRISTIAN SCHOOL

MINISTRY OF VALLEY BIBLE CHURCH

## 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: \_\_\_\_\_