



Vacaville Christian Schools

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Student Application Packet

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CALL OUR ADMISSIONS OFFICE TODAY!
☰ 707-446-1776 ext. 1614 ☰



Vacaville
Christian
Schools

www.Go-VCS.com

Elementary
Kindergarten to 5th Grade

GO-VCS

1117 Davis Street
Vacaville, CA 95687
www.go-vcs.com



Dear Prospective Family,

Thank you for considering Vacaville Christian Schools (VCS). We know that the selection of the right school environment for your child is one of the most important decisions facing any parent. As a school, our focus is on providing a superior educational climate that will encourage your child to pursue academic excellence, and will create a desire to strengthen spiritually, physically, and creatively. As a parent, I understand that you have a crucial decision to make about your child's future. That is why you have this packet in your hand!

We are looking for families who are supportive of our Christian philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not only a private education, but a distinctively Christian education for their children.

Before filling out the admission paperwork, please read through our Parent & Student Handbook on our website, www.go-vcs.com/parent-handbooks. The handbook will introduce you to many of the school's policies, procedures and expectations for both parent and students. In the first several pages of our handbook you will find explanations regarding our purpose, mission, and beliefs. Vacaville Christian Schools unashamedly accepts the Bible as the infallible and inerrant Word of God and practices a literal interpretation of Scripture. Biblical principles are integrated into every subject taught at our school and our staff is committed to academic excellence and teaching students how to apply the truths of God's Word in every aspect of life.

As in all decisions related to your child's education, it is important for you to determine that this is a school that is consistent with your personal decisions and life style and will not cause confusion or conflicted feelings. We respect your right to enroll your child in the best possible learning environment. It is our hope that Vacaville Christian Schools can partner with your family in all areas.

For more information on the admissions process, please turn to the last page of this packet or feel free to contact us at 707-446-1776 ext. 5300. If you have not visited our campus, I encourage you to schedule a personal tour, as soon as possible. I would like to make the admissions process as easy as possible, answer your questions and provide you with all of the information you need to make an informed decision.

Working together!

Director of Enrollment

Please complete ALL REQUIRED forms in the application packet prior to returning the packet for consideration. Check-off each item on the checklist below to ensure the packet is complete. Please print legibly on all forms.

APPLICATION PACKET CHECKLIST:

- \$100 non-refundable application fee*
- Copies of court ordered custodial agreements (if applicable)
- Copy of birth certificate
- Copy of immunization records
- Copies of report cards and state achievement test from the past two years
- Completed Application and Parental Commitment form (must be signed by BOTH parents)
- Emergency Contacts form
- Student Information Sheet
- Educator's Evaluation form (must be completed by current teacher)
- Release of Specific Student Information
- Letter of verification for full-time ministers, if applicable

*Applications submitted without the appropriate fee and signatures **will not be processed**.

Admission Procedures:

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Step One: Application - to initiate the application process, the Admissions Office must receive the following items:

- A. Completed Application Packet:** (one per child) The application, in addition to the supplemental forms listed on the front cover, need to be signed and complete.
- B. Application Fee:** A non-refundable application fee of \$100.00, made payable to Vacaville Christian Schools, must accompany the completed application packet. Credit cards not accepted
- C. Educator Evaluation:** This form needs to be completed by your child's current teacher or the school administrator that handles academic affairs.
- D. Test Results:** Please submit copies of standardized testing scores and report cards for the past two years with the application.

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Step Two: Testing- After the Admissions Office has received your **completed application packet**, your child will be scheduled for placement testing and a family interview.

- A. New Student Placement Testing:** The second step in the admissions process is the New Student Placement Test. This evaluation will determine proper grade level placement. **All new students testing appointments will be scheduled individually with the Admissions Office.**

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Step Three: New Family Interview for Acceptance - The **Acceptance of Admissions Letter** will be given to all applicants during the New Family interview with the principal confirming or denying your child's acceptance. Applications for students beyond the number we are able to accept will be placed on a waiting list.

- A. New Family Interview:** This appointment will be scheduled after the student has completed the placement test. You will receive a call from the Admissions Office to schedule this appointment.

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Step Four: Completion of School Registration - In order to secure your child's spot, please return your enrollment contract and supplemental documents to the Admissions office within seven (7) days of receipt. Please be sure to include the non-refundable registration fee of \$250. Credit cards not accepted.

- A. Signed Contract of Payment and Liability Contract**
- B. Remittance of non-refundable registration fee of \$250**
- C. Completion of online Smart Tuition account registration**
- D. Supplemental documents included in acceptance packet**

Vacaville Christian Schools, admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



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ADMISSIONS USE ONLY

App Date Received: ___/___/___

App Fee: _____ CASH CK# _____

Application Received by: _____

Forwarded to Registrar: ___/___/___

OFFICE USE ONLY

PowerSchool ID: _____

Reg Fee: _____ CASH CK# _____

Student Start Date: ___/___/___

Extended Care Options:

- K-8 Full-Time K-8 Drop-In
- Full-Time Minister Military Rewards
- Sibling to current VCS Student Staff
- 2021-2022 2022-2023 Wait List

ADMISSION APPLICATION

PLEASE PRINT OR TYPE CLEARLY

Student Information: All school mailings will be sent to this address

_____/_____/_____ M F
 Legal Last Name Legal First and Middle Name Date of Birth Gender Grade Applying For

 Primary Address City State ZIP

Home Phone: _____

Ethnicity (optional): Asian African American Caucasian Hispanic American Indian Pacific Islander Other

Guardian #1 Information: Relationship to Student: _____

 Last Name First and Middle Name Home Phone

 Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

Guardian #2 Information: Relationship to Student: _____

 Last Name First and Middle Name Home Phone

 Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

How did you hear about VCS? VCS Parent/Friend's Name: _____

Internet Radio Social Media Local magazine Billboard Friend/Family member Other _____

My other child goes here Returning Student/Last Date Attended: _____

Guardian #3 Information: Relationship to Student: _____

Last Name First and Middle Name Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Guardian #4 Information: Relationship to Student: _____

Last Name First and Middle Name Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Marital Status of Parents: Single Married Divorced Separated Remarried Widow/Widower

Physical Custody: Both Parents Mother Father Shared Custody Other _____

Legal Custody: Both Parents Mother Father Shared Custody Other _____

Custody/restraining orders must be kept in the student file. Please bring the original documents to the Admissions Office for copies to be made.

CURRENT CHURCH: _____

Denomination: _____ Pastor _____

Address _____ Telephone _____

City _____, California Zip _____

How often does the student attend church? Weekly Monthly Parents: Weekly Monthly

VCS Parental Commitment

VCS Statement of Faith

We believe the Bible is the only Word of God, divinely inspired, inerrant, infallible, totally expressing His purposes to mankind. We accept the Bible as our final authority; the all-sufficient and complete rule for faith and conduct. (2 Timothy 3:15-17; I Peter 2:15)

We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit. God the Father, Creator and Ruler of the universe from Whom all life exists (Genesis 14:22; Genesis 1:1; Colossians 1:17); Jesus Christ, God the Son sent to take the form of a man to put God's great plan for humanity into effect (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to the Christian and bearing witness to God's work in our world. (John 16:13-14; I Corinthians 2:9)

We believe in the person of Jesus Christ, God's only eternal Son. Born of a virgin, He lived a sinless life; performed mighty miracles; died for the sin of the whole world; rose again to conquer sin, death, and Hell; ascended to the right hand of His Father to intercede on our behalf; and will return to earth again for those who have personally accepted forgiveness of sin through Him. (Isaiah 7:14; Hebrews 7:26; I Corinthians 15:3-4)

We believe that all mankind is born sinful and separated from God, requiring individual repentance and forgiveness through the blood of Jesus Christ, shed on the cross, as absolutely essential to be in right standing again with God. (Romans 10:9-17; John 3:16; Titus 2:11-13)

We believe that any form of sexual immorality (including adultery, fornication, homosexual behaviors, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20 ; I Cor. 6:9-10)

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Romans 10:9-10; 1 Cor 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture or the beliefs or practices of Vacaville Christian Schools.

We believe in the continuing ministry of the Holy Spirit, by Whose indwelling, the Christian is enabled to live a godly life. (Ephesians 5:18; 4:30; I Corinthians 3:16)

We believe in the second coming of Christ and the resurrection of believers. (I Thess. 4:16-17; Revelation 19:20; 20:11-15)

We believe in the spiritual unity of all believers in the Lord, Jesus Christ. (Ephesians 1:22-23; Romans 8:9). I understand the standards of VCS in all areas including character, academics, social, and spiritual development. I recognize that VCS is a non-denominational school that fully supports the local Christian churches in the community.

I have read the "Statement of Faith" printed above and by my signature below, I acknowledge VCS' Bible based education and agree to support, uphold and abide by all of its policies and procedures. VCS exists to serve students and parents who support Christian values. All parents and students are encouraged to regularly attend a Christian church.

Parent Initials: _____

I have read and understand the terms set forth in this parental commitment and will adhere to this covenant for the duration of my child's attendance at Vacaville Christian Schools. Parent Initials: _____

The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God, is what speaks as the final authority concerning truth, morality, and the proper conduct of mankind. It is the sole and final source for all that we believe. For purposes of Vacaville Christian School's faith, doctrine, practice, policy, and discipline, our school board is Vacaville Christian School's final authority on the Bible's meaning and application.

I have reviewed the statements above and agree to be governed by all the provisions herein.

NOTE: MUST BE SIGNED BY BOTH PARENTS

Signature of Father

Date

Signature of Mother

Date

Vacaville Christian Schools, admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



Student Information:

_____ / ____ / _____ M F _____
 Last Name First Name Date of Birth Gender Grade Level

Emergency Contacts (other than parents) Please note work (w), cell (c), or home (h) for type

Name	Primary #/Type	Secondary #/Type	Relationship to Child	Allowed to Pick Up	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Disaster contacts (other than parents) allowed to release students in the care of, in the event of a school emergency evacuation. Please note work (w), cell (c), or home (h) for type

Name	Primary #/Type	Secondary #/Type	Relationship to Child

Authorization For Medical Treatment:

In the event of an emergency, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I authorize the physician and/or dentist to undertake such care as is considered necessary. In the event the physician is unavailable, I authorize VCS personnel to arrange for emergency medical care. I agree to assume all costs incurred. I further hold the school harmless for any result of said treatment and assume solely, the financial responsibility for such treatment.

Signature of Parent: _____ Date: _____

Parent's Name (please print): _____

Medical Information:

Health Problems: Asthma Inhaler Epi-Pen Bee Sting Diabetes Epilepsy Food Allergy

Heart Condition ADD/ADHD Other please list: _____

If you checked the box to asthma or inhaler, please fill out the included **Asthma Action Form** and bring in a peak flow meter to the school office. If you checked the box to Epi-Pen, please fill out the included **FARE Form**.

Allergies (specific): _____

If you answered no Inhaler, please give the Medical Treatment Plan you want followed if your child is having an allergic reaction. EMERGENCY RESPONDERS WILL BE CALLED If your child shows extreme signs of distress; difficulty breathing, extreme wheezing, bluish or gray areas around the mouth or fingernails, and cannot walk or becomes unconsciousness.

MEDICAL TREATMENT PLAN: _____

MEDICAL CONSIDERATIONS: _____

Does your child require medication at school? Medication is needed at school None needed at school

MEDICATIONS USED AT SCHOOL (please list): _____

All medications must be in their original container with doctor's instructions for school personnel to administer medication. Please complete the **Medication Authorization Form** for medications to be used during school hours.

Medical Insurance Information:

Insurer _____ Group # _____ ID# _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital(s) Preferred: _____



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Student Information Sheet K-5th Grade Applicants

Please note: This information is provided by the PARENT. All candidates for admission will be tested for grade level placement and require a reference from their previous teacher.

Student's Name: _____ Grade last completed: _____ Applying for: _____

How did you hear about our school? _____

Previous School Attended:

School (s): _____

Address: _____

Phone: _____ Teacher: _____

Reason for leaving school? _____

Please answer the following questions:

1. Does your child have problems that might affect his/her ability to learn in school?

____ Yes ____ No Please describe _____

2. Describe your philosophy of child training and discipline. What method(s) of discipline do you utilize with your child? _____

3. Does your child obey instruction? ____ Yes ____ No

4. What are your child's most difficult subjects? _____

5. What are your child's best subjects? _____

6. Has your child ever received any of the following? (Please check if applicable)

____ Tutoring ____ Chapter 1 ____ Resource ____ Speech/Language ____ Specialized Testing

7. If tutoring, by whom, and for what? _____

8. Has your child ever received specialized testing? For what? _____

Student Information

9. Please list the student's special interests, skills, or hobbies: _____

10. What are your child's personal goals for the coming year? _____

11. What do you expect to find at Vacaville Christian Schools that you would not find in another school?

12. Why did you choose Vacaville Christian Schools? _____

13. Is your child now or has he/she in the past been involved in:

A. Any scholastic difficulties in school? _____ Yes _____ No

B. Any discipline problems in school? _____ Yes _____ No

C. Suspension or expulsion from a previous school? _____ Yes _____ No

If you have answered "yes" to any of the above questions, please briefly explain here:

14. Please describe the Christian values you view as critical for your child's development and growth.

15. In regard to your child, please describe any special needs VCS should be aware of in order to provide the most effective learning and discipleship environment. _____



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Educator's Evaluation K-5th Grade Applicants

Please Note: This form must be filled out by a current (or most recent) teacher or administrator. Applicants **will not** be recommended for admissions without this form. For confidentiality, this form must be submitted directly to VCS by the school official completing this form. **Please fax or email this form directly to the VCS Admissions Office. Fax: 707-446-1514 Email: admissions@go-vcs.com**

_____ is a candidate for enrollment at Vacaville Christian Schools.
(Student's Name)

Because of your experience with this child, we are asking for your input as to his/her social and academic skills. Please assist us by answering the following questions and returning this form as soon as possible.

1. How would you describe this student's overall academic performance? _____

2. If you used ability groups, would you place this student in your low, middle, or high group for the following: Reading _____ Math _____

3. What is this student's greatest academic strength? _____

4. What is this student's greatest academic weakness? _____

5. Has this student ever been sent to the office? Yes No

Please indicate the reason and frequency of these visits, if you answered yes:

6. How much supervision do you think the applicant needs?
Constant _____ Frequent _____ Occasional _____ Minimal _____



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Release of Specific Student Information

Vacaville Christian Schools does not release information or records concerning your child to organizations or individuals without your consent (except as noted below). There are a number of times, however, when such information may be requested. Rather than contacting you for specific permission to release information when each instance occurs, we have designed this form to serve as a release for most of those instances.

Your consent is **required** for us to release such information. If you choose to give your consent, **please initial where indicated** for each instance listed. If you wish to revoke your consent, you may do so at any time by **notifying the school in writing**. If you have any questions, please call your school's administration office.

Name of Student

Date

Marketing/Advertising Release

Parents' Initials

Allows school to use information and photography to advertise enrollment and/or activities at VCS.

(Advertising may be in print, multi-media, internet, or website communications social media and cable TV.)

Social Media Release

Allows the school to use information and photography concerning participation in school activities on social media outlets. (Includes participation in special programs, school events, athletics, honors, ect.)

Room Parent Release

Allows the school to release your name, address or phone number to the room parent who will supply you with information regarding class parties and activities that you may be willing to participate in.

Parent Release

Allows the school to release your name, address or phone number to parents in your child's class, requesting the information for out of school activities such as birthday parties, play dates or other special events.

Statement of Consent

We/I consent to the release of the specified information to the organizations and individuals noted above upon their request. We/I understand that this consent may be revoked by us/me at any time by notifying the school in writing.

Signature of Parent/Guardian

Signature of Parent/Guardian

WE DO NOT WISH ANY INFORMATION BE RELEASED (please check the box)