



# Vacaville Christian Schools

[www.Go-VCS.com](http://www.Go-VCS.com)

### ADMISSIONS USE ONLY

App Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enroll Fee: \_\_\_\_\_ CASH CK# \_\_\_\_\_

Application Received by: \_\_\_\_\_

### OFFICE USE ONLY

PowerSchool ID: \_\_\_\_\_

Student Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Kindergarten       1st-5th grade
- 6th-8th grade       9th-12th grade
- HS Diploma Option*

2022-2023     2023-2024     Wait List

## Student Application Home2School Connection Hybrid Homeschool Program

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: \_\_\_\_\_

Newspaper     Radio     Yellow Pages     Internet

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.



## Contract of Payment:

2022-2023  2023-2024

**Student's Name:** \_\_\_\_\_

1. I (we) understand that the registration fees are **NON REFUNDABLE**.
2. I (we) agree to pay tuition and all other related costs in full or in monthly installments as billed through Smart Tuition.
3. I (we) understand that all monthly payments must be made through the Smart Tuition Payment System and that I (we) have a payment due date on the 10th of the month when paying by check, ACH, or credit card.
4. Monthly tuition payments are delinquent immediately when a payment is missed. All missed payments and missed payment reattempts are subject to the missed payment penalties identified in the VCS Tuition Guide.
5. I (we) understand that if a missed payment is **not** made up within 30 days, the student identified above will not be allowed to attend VCS unless satisfactory arrangements have been made between the parents and VCS. **Financial arrangements can only be adjusted from this contract by the VCS Business Office.**
6. Tuition for early withdrawals will be pro-rated through the end of the last day completed for K-12 grade or the date the withdrawal form is completed and submitted to the Business Office, whichever date occurs later.
7. I (we) understand that by signing responsibility for the tuition account, we accept responsibility for and I (we) agree to pay any and all fees and charges incurred while the student is attending VCS. **Accounts must be paid in full to take final exams or to participate in programs, ceremonies, etc.** Initial \_\_\_\_\_
8. I (we) understand that students with accounts 30 days past due may be removed from school. All costs incurred by VCS to collect on past due accounts are my (our) responsibility and will be billed to me (us).
9. VCS reserves the right to assess all VCS families any amended fees or tuition adjustments with a 30 day notice.
10. K-12 Departments: **This contract is for the entire school year of 2022-2023; you must apply for the Home-2School program every school year. The Home2School program is not a continuous enrollment program.** To withdraw an accepted child from VCS, grades K-12, a withdrawal form must be completed by the parent and submitted to the Business Office. I (we) understand that I (we) are responsible for tuition until I (we) have signed and submitted the notification of withdrawal. I (we) understand and agree that I (we) are responsible for the balance of tuition regardless of the reason for the withdrawal. This includes removal at the request of the school due to policy violations.  
**Initials:** \_\_\_\_\_



# Vacaville Christian Schools

[www.Go-VCS.com](http://www.Go-VCS.com)

## Home2School Connection Hybrid Homeschool Program

### Contract of Payment

#### Elementary School (K-5):

Tuition includes 7 hours of instruction time, access to curriculum, periodically scheduled meetings with the home school coordinator, chapel and field trips (additional cost).

Tuition does not include academic records (must be kept by parent). Parents must have their own private school affidavit if you are not under the umbrella of a charter homeschool program.

#### Middle School (6-8):

Tuition includes textbooks, periodically scheduled meetings with the home school coordinator, report card of course taken at VCS, chapel attendance, open to school sponsored social events (extra fees may apply), sports eligibility, and PSAT/Iowa Testing (extra fee applies).

Tuition does not include: Retreats, field trips, class projects, spirit clothes, club fees, lunches, snack bar, and sports fees, academic records (must be kept by parent). Parents must have their own private school affidavit if you are not under the umbrella of a charter homeschool program.

#### High School (9-12):

Tuition Includes textbooks, report card of courses taken at VCS, chapel attendance, periodically scheduled meetings with the home school coordinator, open to school sponsored social events (extra fees may apply), sports eligibility (at least 4 courses must be taken), and PSAT/Iowa Testing (extra fee applies). College and Career Counseling (extra fee applies)

Tuition does not include: Retreats, field trips, class projects, spirit clothes, club fees, lunches, snack bar, AP and standardized testing, and sports fees.

**High School (9-12) Option:** Maintenance of the student's CUM file, VCHS Diploma and Transcripts. To qualify for a VCHS Diploma you must have monthly meetings with the home school coordinator to track courses taken and that graduation requirements are met. If you would like this option **Initial:** \_\_\_\_\_

**I (WE) HAVE READ THE COMMITMENTS, UNDERSTAND AND AGREE TO THEM. I (WE) ALSO AGREE THAT I (WE) ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED RELATIVE TO THIS ENROLLMENT.**

**I (WE), \_\_\_\_\_, will be responsible for paying the yearly tuition and all fees.**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Signature**

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

**Relationship if different from parent:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_



Student Information:

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

Table with 5 columns: Name, Primary #/Type, Secondary #/Type, Relationship to Child, Allowed to Pick Up (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

Table with 4 columns: 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: \_\_\_\_\_

\_\_\_\_\_



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)



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. Please note: Although rarely requested, a parent/guardian has the legal right to view their child's file.

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 \_\_\_\_\_





## Parent & Student Handbook Acknowledgement

**Student's Name:** \_\_\_\_\_

Please read through the VCS Parent & Student Handbook from the VCS website, <http://www.go-vcs.com/parent-handbooks>, read the following statements carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student Handbook and have discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook. I understand that the standards of the school do not tolerate profanity, obscenity in words or actions, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time (subject to the schools financial withdrawal guidelines). I understand that this handbook does not contractually bind Vacaville Christian Schools and is subject to change without notice by decision of Vacaville Christian Schools. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years. Students in grades 6-12: Please read the following statement carefully and sign below to indicate your agreement. I hereby affirm that I have read the Student Handbook. I certify that I consent to, and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.

I understand that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school's standards could result in the loss of that privilege.

NOTE: MUST BE SIGNED BY BOTH PARENTS

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Date





## Grandparents Information Sheet

Throughout the year, VCS hosts many special events. We would like to invite the Grandparents of your student to join us for these events. Please provide us with their address, phone number and email address.

Name of Grandchild: \_\_\_\_\_ Grade: \_\_\_\_\_

Grandfather's First Name: \_\_\_\_\_ Grandfather's Last Name: \_\_\_\_\_

Grandmother's First Name: \_\_\_\_\_ Grandmother's Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Grandfather's First Name: \_\_\_\_\_ Grandfather's Last Name: \_\_\_\_\_

Grandmother's First Name: \_\_\_\_\_ Grandmother's Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

## SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

Your School has partnered with Smart Tuition to service your child's tuition account. To enroll online, please follow the instructions below:

### 1. ONLINE ENROLLMENT

Visit: [www.enrollwithsmart.com](http://www.enrollwithsmart.com)

### 2. FIND YOUR SCHOOL

Enter your school's name in the search box. Make your selection by clicking the green circle.

### 3. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

### 4. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school.

### 5. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

### 6. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click SUBMIT ENROLLMENT to complete your online enrollment.

### ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at [www.parent.smarttuition.com](http://www.parent.smarttuition.com).

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Help Center is always available to assist you. We're open 24 hours a day, 365 days a year. Call us at (888) 868-8828.



**SMART TUITION**  
Financial Solutions for Schools and Parents™