



Vacaville Christian Schools

www.Go-VCS.com

ADMISSIONS USE ONLY

App Date Received: ___/___/___

App Fee: _____ CASH CC CK# _____

Application Received by: _____

Forwarded to Registrar: ___/___/___

OFFICE USE ONLY

PowerSchool ID: _____

Reg Fee: _____ CASH CC CK# _____

Student Start Date: ___/___/___

Extended Care Option:

K-8 Full-Time

Full-Time Minister Military Rewards

Sibling to current VCS Student Staff

2023-2024 2024-2025 Wait List

ADMISSION APPLICATION

PLEASE PRINT OR TYPE CLEARLY

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

Legal Last Name _____ Legal First and Middle Name _____ Date of Birth ___/___/___ M F 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 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 Name _____ Home Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

How did you hear about VCS? 1.VCS Parent Referral/Friend's Name: _____ *ask for referral form

2.Google search 3.Facebook advertisement 4.Drive by/Location 5.Vacaville Magazine 6.My other child attends VCS

7.I am VCS Alumni 8.Other _____ 9.Returning Student/ Last Date Attended: _____

Guardian #3 Information: Relationship to Student: _____

Last Name First 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 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

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: _____



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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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)



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: _____



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Educator Evaluation Survey K-5th Grade Applicants

Dear Educator,

_____ has applied for admission to _____ grade

at Vacaville Christian School. Your candid evaluation of the student's academic and personal ability to participate in a rigorous academic experience is appreciated.

We appreciate your time and participation as this is a requirement for admission.

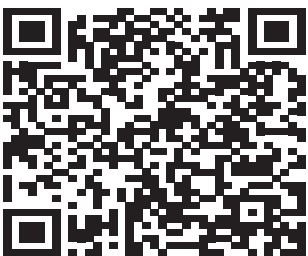
The school is requesting that you complete a survey for this student by using the QR code below, or by logging in to this link: <https://forms.gle/bgveXvFsB3R5xrK19>

To use the QR code: 1. Open the camera app on your phone. 2. Focus the camera on the QR code by gently tapping the code. 3. Follow the instructions on the screen to complete the action.

If you have any questions, please contact:

Vacaville Christian School Admissions office:
707-446-1776
admissions@go-vcs.com

QR Code for Form:



To the Parent: Please PRINT all information in this section, then give this form to a current teacher, counselor or principal to complete the survey. This survey will not be disclosed to the parents.

Student's Name: _____ Sex: M F

Date of Birth _____ Current Age _____ Current Grade _____

Home Address: _____



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Parent & Student Biblical Worldview Survey

Dear Parent of Applicant,

VCS is requesting that you complete this Parent Biblical Worldview Survey by using the QR code below, or by logging in to this link: <https://forms.gle/Xhiq1VT95GTe32dy6>

To use the QR code: 1. Open the camera app on your phone. 2. Focus the camera on the QR code by gently tapping the code. 3. Follow the instructions on the screen to complete the action.

**This survey is required for admission.

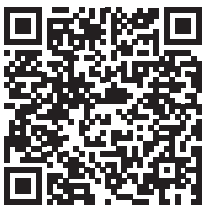


Dear Student:

(6th through 12th Grades Only)

To complete the Student Biblical Worldview Survey, please use the QR code below or log in to this link: <https://forms.gle/BdrFuDto5YX1NQQW9>

**This survey is required for admission.





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Pastor Survey K-12th Grade Applicants

Dear Pastor or Church Leader,

_____ has applied for admission to _____ grade

at Vacaville Christian School. We welcome any information or comments you have regarding his/her character and spiritual life.

We appreciate your time and participation as this is a requirement for admission.

The school is requesting that you complete a survey for this student by using the QR code below, or by logging in to this link: <https://forms.gle/ApwyMvKGkqn9ZWc2A>.

To use the QR code: 1. Open the camera app on your phone. 2. Focus the camera on the QR code by gently tapping the code. 3. Follow the instructions on the screen to complete the action.

If you have any questions, please contact:

Vacaville Christian School Admissions office
707-446-1776
admissions@go-vcs.com

QR Code for Form:

