

FAMILY APPLICATION



Date: _____ School year applying for: _____ This form must accompany the \$50 non-refundable application fee.

PARENT/GUARDIAN INFORMATION

Parent/Guardian One (first/last name): _____

Contact Information: Cell Phone: (_____) _____ Work Phone: (_____) _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Relationship to applicant: Mother Father Grandparent Other _____

Parent/Guardian Two (first/last name): _____

Contact Information: Cell Phone: (_____) _____ Work Phone: (_____) _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Relationship to applicant: Mother Father Grandparent Other _____

STUDENT INFORMATION

Legal name of student (first, middle, last): _____

Grade entering: _____ Date of birth: _____ Current age: _____ Male Female

Full-day (Preschool or Kindergarten) Half-day (Preschool or Kindergarten) 5-days (3-year-old PreK) 3-days (3-year-old PreK)

Legal name of student (first, middle, last): _____

Grade entering: _____ Date of birth: _____ Current age: _____ Male Female

Full-day (Preschool or Kindergarten) Half-day (Preschool or Kindergarten) 5-days (3-year-old PreK) 3-days (3-year-old PreK)

Legal name of student (first, middle, last): _____

Grade entering: _____ Date of birth: _____ Current age: _____ Male Female

Full-day (Preschool or Kindergarten) Half-day (Preschool or Kindergarten) 5-days (3-year-old PreK) 3-days (3-year-old PreK)

Legal name of student (first, middle, last): _____

Grade entering: _____ Date of birth: _____ Current age: _____ Male Female

Full-day (Preschool or Kindergarten) Half-day (Preschool or Kindergarten) 5-days (3-year-old PreK) 3-days (3-year-old PreK)

SPIRITUAL

Our school's mission lends itself to families who are more than familiar with the Christian faith. It is preferable that at least one parent have professed faith in Jesus Christ as his/her personal Savior. Church attendance is considered vital to family/individual spiritual growth and is encouraged in modeling a commitment to Jesus Christ.

Name of the church your family is currently attending: _____

Denomination: _____ How often do you attend church: Regularly Occasionally

Are you on staff at this church? No Yes In what capacity? _____

REFERRAL

Who can we thank for referring you to Valley Christian School? _____

Why are you seeking enrollment at VCS? We want Christian education We want small class sizes

We have concerns with public school Our child is struggling in public school Other _____

AGREEMENT

STATEMENT OF FAITH: We understand and will support the Valley Christian School Statement of Faith. Yes No

STUDENT HANDBOOK: We will read and abide by the Valley Christian School student handbook(s). Yes No

MEDICAL EMERGENCY: In case of a medical emergency, we authorize school officials to make the best decision on behalf of our child(ren) in the event we cannot be reached in a timely manner. Yes No

FIRST AID: My child(ren) has my permission to receive acetaminophen, ibuprofen, antacids, cough drops, and minor first aid treatment upon request. Yes No

SCHOOL DIRECTORY: We authorize the publication of our family's name, address and phone number to VCS families, faculty and staff. Yes No

MEDIA: We grant permission for our child's name, photograph, voice or image to be used by the school for school publication and promotional purposes, without compensation and without prior notice. Yes No

FINANCIAL COMMITMENT: Upon admittance to the school, we agree to abide by all financial commitments with the school for tuition and fees. We agree to set-up our payment plan prior to the first day of school. We understand failure to do so may jeopardize our child's enrollment. Yes No

My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information may jeopardize my child's enrollment at Valley Christian School.

Signature of parent/guardian: _____

Signature of parent/guardian: _____

APPLICATION FEE

How are you paying the \$50 Application Fee? Cash Check I would like to pay with a credit card

NOTE: The application fee must accompany this family application form.

Application forms & fees can be mailed, emailed or submitted in person to: Valley Christian School Attn: Admissions
2526 Sunset Lane, Missoula, MT 59804 Phone: 406-549-0482 valleychristian.org

Note: A secure & confidential drop box can be found at the main doors of the JH/HS building.

OFFICE USE ONLY

Fee Paid: \$ _____ Cash Check # _____ Card Date: _____ Received by: _____

Notes: _____