

# STUDENT APPLICATION



**This application is for new student applicants.**

**This process is as follows:**

➤ **CONSULTATION and TOUR**

- If you haven't already, please contact the admissions department to schedule a consultation and campus tour.

➤ **APPLICATION**

- Complete the following application and submit it to the admissions department or elementary office.
  - The \$200 new student application fee must accompany this application in order to move forward with the application process.

➤ **ATTACHMENTS**

- Submit the following documents (if applicable).
  - Copy of any/all educational plans (IEP, 504, Title1)
  - A copy of your child's last report card or progress report.
  - Copy of immunization records.
    - Not required if your child's immunizations records are on file at their previous school.
    - If you do not immunize, we will need a notarized copy of the Religious Exemption form found on our website.
  - Student Essay – explained in our One Voice Model document found on our website.
  - Pastor Recommendation letter – explained in our One Voice Model document.

➤ **TESTING**

- Once we have received everything listed above, we will contact you to schedule academic testing.
  - Every student in grades Kindergarten - 12<sup>th</sup> grade is given a comprehensive academic assessment.
  - Testing lasts approximately 45-60 minutes.

➤ **PRINCIPAL and HEAD OF SCHOOL INTERVIEWS**

- Upon completion of the above steps, we will contact you to schedule your final interviews.
  - Both parents as well as all student applicants should plan to be in attendance.
  - Allow 1 hour for these back-to-back interviews.
  - Expect the following during these family interviews:
    - A review of your child's academic testing results.
    - A review of any educational plans your child may have.
    - A one-on-one opportunity to ask questions you may have.
    - A final decision regarding your child's application.

**Please contact the admissions department with any questions.**

[admissions@valleychristian.org](mailto:admissions@valleychristian.org)

406-549-0482 ext. 206

# STUDENT APPLICATION



**The \$200 non-refundable application fee must accompany this application in order to be considered.**

Date of form: \_\_\_\_\_ School year entering: \_\_\_\_\_ Grade entering: \_\_\_\_\_

**Preschool and Kindergarten Program Options** (please select grade AND schedule)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 3-year-old Preschool | <input type="checkbox"/> Half-day (8:15 – 11:30) | <input type="checkbox"/> Full-day (8:15 – 3:20) |
| <input type="checkbox"/> 4-year-old Preschool | <input type="checkbox"/> Half-day (8:15 – 11:30) | <input type="checkbox"/> Full-day (8:15 – 3:20) |
| <input type="checkbox"/> Kindergarten         | <input type="checkbox"/> Half-day (8:15 – 12:00) | <input type="checkbox"/> Full-day (8:15 – 3:20) |

## STUDENT INFORMATION

**Legal name of student** (first, middle, last): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birth city/state/country: \_\_\_\_\_

Cell # of student (if applicable): (\_\_\_\_) \_\_\_\_\_ Email of student (if applicable): \_\_\_\_\_

Primary residence of student: \_\_\_\_\_

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

Race/ethnicity:  American Indian or Alaska Native  Asian  Black or African American  White  
 Hispanic or Latino/Latina  Native Hawaiian or Other Pacific Islander  Other

## PARENT/GUARDIAN INFORMATION

*Please include information for all biological parents, step-parents or legal guardians.*

**Parent/Guardian One** (first/last name): \_\_\_\_\_

Contact Information: Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship to applicant:  Mother  Father  Step-parent  Other \_\_\_\_\_

**Parent/Guardian Two** (first/last name): \_\_\_\_\_

Contact Information: Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship to applicant:  Mother  Father  Step-parent  Other \_\_\_\_\_

**Parent/Guardian Three** (first/last name): \_\_\_\_\_

Contact Information: Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship to applicant:  Mother  Father  Step-parent  Other \_\_\_\_\_

**Parent/Guardian Four** (first/last name): \_\_\_\_\_

Contact Information: Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship to applicant:  Mother  Father  Step-parent  Other \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date: _____	Fee Paid: \$ _____	Received by: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Card	<input type="checkbox"/> Check # _____
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## EMERGENCY CONTACTS

Please include three emergency contacts and list them in priority order.

**1<sup>st</sup> EMERGENCY CONTACT:**  Mother  Father  Other (list name/relationship) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Employer/position: \_\_\_\_\_  
(Landline number)

**2<sup>nd</sup> EMERGENCY CONTACT:**  Mother  Father  Other (list name/relationship) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Employer/position: \_\_\_\_\_  
(Landline number)

**3<sup>rd</sup> EMERGENCY CONTACT:**  Mother  Father  Other (list name/relationship) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Employer/position: \_\_\_\_\_  
(Landline number)

## ACADEMIC HISTORY

List all of the schools this student has attended (start with the most recent):

Student has only been home-schooled.

**School Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

From (grade): \_\_\_\_\_ To (grade): \_\_\_\_\_

Reason for leaving:  Moved out of area  Completed last grade offered  Wanted Christian education

Was unhappy with current school (please explain): \_\_\_\_\_

**School Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

From (grade): \_\_\_\_\_ To (grade): \_\_\_\_\_

**School Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

From (grade): \_\_\_\_\_ To (grade): \_\_\_\_\_

**School Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

From (grade): \_\_\_\_\_ To (grade): \_\_\_\_\_

## 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. Because we desire to partner with families seeking education taught through a Biblical worldview, obtaining a family reference from a pastoral staff member is a requirement for enrollment.

Name of the church the student's family attends: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Denomination: \_\_\_\_\_

Attends Regularly  New to church (within last 3 months)  Attends online  Does not attend church

New to the area – looking for new church home (attended church prior to relocating)

Does the applicant attend Sunday school, youth group or participate in an Awana program?  Yes  No

Are you/your spouse on staff at this church?  No  Yes In what capacity? \_\_\_\_\_

NOTE: We offer a 40% tuition discount to full-time pastors who qualify. Please see program details and requirements on our Tuition & Fees schedule located on our website.

## ADDITIONAL STUDENT INFORMATION

Is this student currently on an educational and/or service plan?

IEP     504     Title 1    Grade plan began: \_\_\_\_\_ Reason for plan: \_\_\_\_\_

**Student has never been on an educational and/or service plan**

Have any of the following **ever** applied to this student?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADD or ADHD diagnosis      | <input type="checkbox"/> Alcohol consumption               | <input type="checkbox"/> Anger management concerns      |
| <input type="checkbox"/> Anxiety Disorder diagnosis | <input type="checkbox"/> Asthma requiring a rescue inhaler | <input type="checkbox"/> Autism or Asperger's diagnosis |
| <input type="checkbox"/> Behavior concerns          | <input type="checkbox"/> Bullying                          | <input type="checkbox"/> Depression diagnosis           |
| <input type="checkbox"/> Eating Disorder diagnosis  | <input type="checkbox"/> Hearing impairment                | <input type="checkbox"/> Illegal drug use               |
| <input type="checkbox"/> Self-harm behavior         | <input type="checkbox"/> Smoking and/or vaping             | <input type="checkbox"/> Speech impairment              |
| <input type="checkbox"/> Suicidal thoughts          | <input type="checkbox"/> They have received counseling     | <input type="checkbox"/> Visual impairment              |

Repeating a grade was recommended (please explain) \_\_\_\_\_

Skipping a grade was recommended (please explain) \_\_\_\_\_

Suspension or expulsion from school (please explain) \_\_\_\_\_

Testing or recommended testing for giftedness (please explain) \_\_\_\_\_

Testing or recommended testing for a possible learning disability (please explain) \_\_\_\_\_

They were accused of or were convicted of committing a crime (please explain) \_\_\_\_\_

**Student has never experienced any of the above**

Is there anything else about this student you think the school should know? \_\_\_\_\_

## MEDICAL INFORMATION

Does this student have any food allergies?     No     Yes (list) \_\_\_\_\_

Please explain accommodations needed for this food allergy: \_\_\_\_\_

Does this student have any environmental allergies?     No     Yes (list) \_\_\_\_\_

Is this student allergic to any medication?     No     Yes (list) \_\_\_\_\_

Does this student require an EpiPen for an allergic reaction?     No     Yes

Does this student require an inhaler for asthma?     No     Yes

*If you answered yes to any of the above medical questions, you will be contacted by the school to discuss specific details.*

## REFERRAL

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

Note: *The family you list above may be eligible to receive a tuition credit for referring your family to our school.*

Family member is VCS Alumni    Year graduated and name at graduation \_\_\_\_\_

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

We have concerns with public school     Social concerns in public school     Other \_\_\_\_\_

**AGREEMENT**

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

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

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

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

**CONTACT INFORMATION:** We authorize the school to share our contact information with faculty, staff and other school parents for the purposes of coordinating school activities.  Yes  No

**MEDIA:** We grant permission for our child’s name, photograph, voice or image to be used by the school for school publications, promotional material, advertising or as website content, without compensation or without prior notice.  Yes  No

**SAFETY:** We understand we are responsible for providing the school with all current legal documents pertaining to our child (custodial, guardianship, orders of protection, etc.) as well as all new and/or updated information pertaining to these documents.  Yes  No

**FINANCIAL COMMITMENT:** We agree to meet all financial obligations associated with tuition and fees. We agree to set-up our payment plan prior to the first day of school. We understand our failure to comply with these requirements may jeopardize our child’s enrollment.  Yes  No

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

Name of parent/guardian (please print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Name of parent/guardian (please print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please submit this application and fee to our school office – Attn: Admissions.  
Valley Christian School - 2526 Sunset Lane, Missoula, MT 59804  
406-549-0482 www.valleychristian.org

**OUR MISSION STATEMENT**

Valley Christian exists to partner with Christian families who desire educational excellence, taught through a Biblical worldview, so their children will be prepared for a lifetime of authentic faithfulness and service to Jesus Christ.

*Valley Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its admissions policies.*