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 - 12th 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
406-549-0482 ext. 206
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)

☐ 3-year-old Preschool ☐ Half-day (8:15 – 11:30) ☐ Full-day (8:15 – 3:20)

☐ 4-year-old Preschool ☐ Half-day (8:15 – 11:30) ☐ Full-day (8:15 – 3:20)

☐ Kindergarten ☐ Half-day (8:15 – 12:00) ☐ 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 ________________________________

OFFICE USE ONLY

Date: _______ Fee Paid: $_____ Received by: ________________ ☐ Cash ☐ Card ☐ Check #______
EMERGENCY CONTACTS

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

1st EMERGENCY CONTACT:  □ Mother  □ Father  □ Other (list name/relationship) ____________________________________________
Cell: (____) ________ Work: (____) ________ Employer/position: ____________________________________________

2nd EMERGENCY CONTACT:  □ Mother  □ Father  □ Other (list name/relationship) ____________________________________________
Cell: (____) ________ Work: (____) ________ Employer/position: ____________________________________________

3rd EMERGENCY CONTACT:  □ Mother  □ Father  □ Other (list name/relationship) ____________________________________________
Cell: (____) ________ Work: (____) ________ Employer/position: ____________________________________________

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?

- [ ] ADD or ADHD diagnosis
- [ ] Anxiety Disorder diagnosis
- [ ] Behavior concerns
- [ ] Eating Disorder diagnosis
- [ ] Self-harm behavior
- [ ] Suicidal thoughts
- [ ] ADD or ADHD diagnosis
- [ ] Alcohol consumption
- [ ] Asthma requiring a rescue inhaler
- [ ] Bullying
- [ ] Hearing impairment
- [ ] They have received counseling
- [ ] Autism or Asperger’s diagnosis
- [ ] Depression diagnosis
- [ ] Illegal drug use
- [ ] Speech impairment
- [ ] 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 ________________________________
**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. □ Yes □ No
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.

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.