Date:

_____ Toured
_____ Application Received
_____ Records Request Submitted
_____ Official Records Received
_____ Admin Review Complete (IEP/504)
_____ Admin Remarks: ☐ Yes, Proceed
_____ ☐ No, Outside of scope/needs

Initial / Date:

Assessment & Financial Consult _____
Student & Family Interview _____
Acceptance ☐ Admin _____
Unable to Accept ☐ Admin _____
Application Imported _____
Enrollment Instructions Sent _____
Official Enrollment _____

Official Use Only

VALLEY
Fellowship Christian Academy

Enrollment Process

1. Tour & Application, Records Submitted
2. Academic Assessment & Financial Consultation
3. Student & Family Interview
4. Acceptance & Invitation to Enroll

"The purpose and vision of VFCA is to provide Christian leaders, Godly men and women, to take places of authority in the world and in Christ's body of believers."

Student Application

Welcome! Thank you for applying to VFCA.

NONDISCRIMINATION POLICY: Valley Fellowship Christian Academy admits students of any race, color, nation, and ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate based on race, color, national, and ethnic origin in the administration of its education policies, admissions policies, athletic, and other school-administered programs.

STUDENT INFORMATION

First Name_____ **Middle Initial**_____ **Last Name**_____

Gender: ☐ Male ☐ Female

Date of Birth _____ **Application for grade**_____ **Previous grade completed**_____

Student's Home Address_____

City_____ State____ Zip _____ Home Phone _____-____-_____

PARENT/CUSTODIAL INFORMATION

Father's Full Legal Name: ☐ Mr. ☐ Dr. ☐ Rev.

First Name_____ **Middle Initial**_____ **Last Name**_____

Email_____@_____ Cell Phone_____-____-_____

Home Address_____ ☐ Check here if same as Student's home address

City_____ State____ Zip _____

Employer_____ Occupation_____

Business Address_____ City_____ State____ Zip _____

Mother's Full Legal Name: ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

First Name_____ **Middle Initial**_____ **Last Name**_____

Email_____@_____ Cell Phone_____-____-_____

Home Address_____ ☐ Check here if same as Student's home address

City_____ State____ Zip _____

Employer_____ Occupation_____

Business Address_____ City_____ State____ Zip _____

If applicable, please check one: ☐ **Stepfather** ☐ **Stepmother** ☐ **Guardian** ☐ **Grandparent**
Full Legal Name ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Dr.** ☐ **Rev.**
First Name_____ **Middle Initial**_____ **Last Name**_____
Email_____@_____ Cell Phone_____-____-_____
Home Address_____ ☐ Check here if same as Student's home address
City_____ State____ Zip _____
Employer_____ Occupation_____
Business Address_____ City_____ State____ Zip _____

LEGAL RIGHTS/CUSTODIAL DOCUMENTS
(REQUIRED: Please submit copies of all court documents regarding custody and educational decisions along with the application.
If divorced or custody is held by anyone other than parents, please indicate the type of custody ordered by the court.
☐ Joint ☐ Sole
Who holds legal responsibility for school decisions? ☐ Father ☐ Mother ☐ Both Parents ☐ Other
To whom should correspondence be sent? ☐ Father ☐ Mother ☐ Both Parents ☐ Other

FAMILY SPIRITUAL RECORD
Home Church (Name)_____ Address_____
Phone_____-____-_____ Denomination _____

- Does your family attend one service per week for three (3) out of four (4) weeks in a month? ☐ Yes ☐ No
- Has the student accepted Jesus Christ as their personal Lord and Savior? ☐ Yes ☐ No If yes, Year _____
- Have the parents/custodians accepted Jesus Christ as their personal Lord and Savior? ☐ Yes ☐ No
- Has the student been water baptized? ☐ Yes ☐ No Year _____ The parents? ☐ Yes ☐ No
- Has the student received the baptism/gifts of the Holy Spirit? Yes _____ No _____ Year _____

If no, are you open to this experience? ☐ Yes ☐ No

FINANCIAL RECORD
COMBINED INCOME RANGE (Please check one): ☐ less than 50,000 ☐ 50,000 to 100,000 ☐ more than 100,000
Have you reviewed a price sheet and considered the total cost of attendance? ☐ Yes ☐ No
Have you applied or do you plan to apply for any of the following? ☐ Yes ☐ No
☐ The Alabama Choose Act ☐ AOSF ☐ Other (list resource):
_____
Is there any reason why you would not be able to make the financial obligations of enrollment, including any balances a scholarship does not cover (curriculum, insurance, lunches, uniforms, extra-curricular activities, intervention services, etc.)? ☐ Yes ☐ No

STUDENT'S EDUCATIONAL HISTORY
Was the student ever denied admission to a school? ☐ Yes ☐ No
If yes, when?_____Why?_____
Was the student ever suspended or expelled from school:☐ Yes ☐ No
If yes, when?_____ Why?_____

Has the student ever received an IEP, 504, and/or intervention services? ☐ Yes ☐ No
If yes, please email all documentation for admin review (required before scheduling an admissions appointment).

Does your child have any diagnosed or suspected learning and/or behavior conditions? ☐ Yes ☐ No
If yes, check **all** that apply below:
☐ Attention Deficit Hyperactivity Disorder (ADHD)
Check all ADHD attributes that apply:
☐ Hyperactivity ☐Focus challenges ☐Impulsivity
☐ Autism Spectrum Disorder (ASD)
☐ Oppositional Defiant Disorder (ODD)
☐ Dyslexia
☐ Other, please list
_____
_____

Prescription medications are part of the student's academic treatment program: ☐ Yes ☐ No
If yes, list all prescribed medications: _____

STUDENT'S MEDICAL HISTORY
Please check ☐ Yes or ☐ No in response to each item below. If yes, explain.

Does your child have severe allergies requiring epinephrine injections? ☐ Yes ☐ No

Has the student ever been unable to attend school because of their health? ☐ Yes ☐ No

Has the student ever been unable to take physical education or participate in sports because of their health? ☐ Yes ☐ No

Has the student ever been hospitalized for a mental or nervous disorder? ☐ Yes ☐ No

Does the student have any diagnosed health conditions? ☐ Yes ☐ No If yes, check **all** that apply below:

☐ Type 1 Diabetes
Please specify if any of the following are used: ☐ CGM ☐ Insulin pump
☐ Asthma ☐ History of seizures ☐ Physical Disability
☐ Congenital anomaly (If yes, please specify diagnosis)

☐ Other, list_____
Please elaborate on any checked diagnosis or condition:

If your student is prescribed a specific medication for the above **physical** conditions, please explain what they use and why._____

The State Health Department requires a verified copy of the student's immunization record or religious exemption letter from a physician or from the Health Department.

PARENT QUESTIONNAIRE
How did you find out about Valley Fellowship Christian Academy?

Please explain below why you want your child to attend Valley Fellowship Christian Academy:

What do you see as the strengths of your child?

What do you see as your child's greatest needs? (spiritual, behavioral, academic, social)

How do you see yourself being involved in the educational process of your child?

STUDENT QUESTIONNAIRE (GRADES 4-12)

After reading and understanding the student handbook, are you willing to submit yourself to the leadership of Valley Fellowship Christian Academy and its rules and regulations? ☐ Yes ☐ No

Have you used illegal drugs, alcoholic beverages, or used tobacco within the last 6 months? ☐ Yes ☐ No

Why do you want to become a student at Valley Fellowship Christian Academy?

_____

_____

_____

_____

Student Signature: _____

AFFIRMATION

I hereby affirm that ***all*** requested information has been provided and all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information or omitting information would be sufficient reason for the rejection of this application. I further understand that I may be asked for additional written affirmation concerning such items as academic record and financial income.

NOTE: This application does not assure final enrollment, but provides information upon which a decision will be based. Before the application is final, we must receive a copy of the birth certificate and immunization record. After acceptance, the *$250 enrollment fee* to hold your student's spot is non-refundable.

_____

(Parent /Guardian) (Date)

_____

(Parent /Guardian (Date)

How to Submit Application:

- Email to: 3205 Holmes Avenue, NW, Huntsville, Alabama 35816
- Fax to: (256) 489-2992

Website: vfchristianacademy.com
Phone: (256) 533-5248

RECORDS REQUEST FORM is required before an admissions appointment can be scheduled.

VALLEY
Fellowship Christian Academy

Official Request for Student Records

Attention: Valley Fellowship Christian Academy requests that you email or fax the following student records as soon as possible to jberisford@valleyfellowship.com (Jennifer Berisford, Registrar).

Include: Attendance Records, ALL Report Cards, National Assessment Scores, Discipline Records, and all Records that pertain to Special Education Eligibility, IEP, Gifted documentation or testing, Medical Alerts, or 504 Plan or other Modified/Accommodated Plans.

Note: If no discipline records are on file, a letter signed by an administrator or guidance counselor stating this must be sent with records. A principal's letter of recommendation is also requested.

Full Name of Student: _____ Birthdate: _____

School Last Attended: _____ Grade(s) _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

I, _____, as the parent/guardian of _____,

give permission to release all school records to Valley Fellowship Christian Academy.

Signature of Parent or Guardian_____ Date _____

Thank you,

Mrs. Patti Simon
Head of School
256-489-2992 (fax)
256-533-5248 (office)

Valley Fellowship Christian Academy
3205 Holmes Avenue NW
Huntsville, AL 35816