VALLEY HEIGHTS CHRISTIAN ACADEMY
75 CALVARY DRIVE
NORWICH, NEW YORK 13815

2017 - 2018 Application – Registration Form

(PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD YOU ARE REGISTERING)

Grade Level for 2017-2018: K-4 K-5 1 2 3 4 5 6 7 8 9 10 11 12 Sex: Male ___ Female ___

Student's Legal Name _____ Soc. Sec. #_____
Last First Middle

Address _____
Number Street City Zip

Phone _____ _____ _____
Home # Father's Work # Mother's Work #

Cell Phone # _____

Home e-mail Address: _____ Alternative e-mail Address: _____

Person to notify in Emergency: _____
(Parents are always contacted first) Name Relationship Phone #

_____
Name Relationship Phone #

Date of Birth _____ Place_____
City County State

____American Indian ___White ___Hispanic ___Asian ___Black ___Other_____

Name of Father_____ Place of Work _____

Name of Mother _____ Place of Work _____

To whom should reports, statements, and information be sent? _____

Address (if different from above or if in addition to above) _____

Check any that apply to student: ___Both parents living ___Both parents deceased ___Father deceased

___Mother deceased ___Parents divorced ___Parents separated

Student is living with: ___Mother & Father ___Mother only ___Father only ___Mother & Stepfather
___Father & Stepmother ___Other: _____
Name Relationship Address

Names/Ages of Siblings:

_____ _____
_____ _____
_____ _____

Church Membership/Attend _____
Name of Church Pastor's Name City

Local School District_____ Student Transportation Home: [ ] bus [ ] car [ ] walk

School last attended –list last two schools starting with the most recent:

_____
School Grade School District

_____
School Grade School District

Does the student have any academic or social problems? If so, please provide details. (This will help us to determine whether, and in what way, we can meet the student's needs.) _____

_____

(OVER)

Has the student ever repeated a grade? [ ] Yes [ ] No If yes, what grade:_____

Reason for repeating: _____

_____

Has the child ever been withdrawn or dismissed from a school for academic or disciplinary reasons? If yes, please explain:_____

Will your child be taking any daily prescription medication while at school? [ ] Yes [ ] No If yes, please explain:

_____

Do you grant permission for your child to be given Tylenol upon request by student? [ ] Yes [ ] No

Names of persons, other than parents/guardians, who are authorized to take your child from the school:
(Child will not be allowed to leave with any other person without your written authorization or PASSWORD given below)

_____
Name Relationship To Child

_____
Name Relationship To Child

_____
Name Relationship To Child

Please print a PASSWORD (one familiar to yourself) that can be used to request that your child be released or picked up from school by someone other than yourself or those specifically noted above. This will help us ensure the safety of your child when changes are requested via the phone or by an individual unknown to VHCA staff.

_____
Password

Two key factors influencing me/us to enroll my/our child in VHCA: [ ] Location [ ] Christian Philosophy
[ ] Recommendation of a current student/family [ ] Displeasure with public school
[ ] Academic Program [ ] Strong desire on the part of my child to attend

We first learned of VHCA through: [ ] Student(s) currently enrolled [ ] Parents of VHCA students
[ ] Newspaper Article [ ] Telephone Book [ ] Church Pastor [ ] Advertisement [ ] Other

Do you anticipate the need of tuition assistance to meet your financial obligations to VHCA? [ ] Yes [ ] No
If Yes, please explain:_____

_____

I agree to pay all tuition costs and fees in accordance with the policies and schedules as presented by the VHCA School Board and Administration. I understand that VHCA is a Christian institution and that its tenets, methods and rules are established on that basis. I understand that lessons will be presented from the Bible and I am open to the teaching of God's Word to my child. My child and I have recently reviewed the *Parent-Student Handbook* prior to completing this form. I will support and require my child to abide by the rules and standards set forth in the *Parent-Student Handbook*, as well as those imposed in the classroom and for extracurricular activities.

_____ _____
Signature(s) of Parent/Guardian Date

PLEASE NOTE: The annual non-refundable Registration Fee and all other required school board approved fees* should accompany this form. If both the form and fees are received at the VHCA Office prior June 2nd for the following school year, the total discounted Registration Fee is $200, otherwise it is the full registration fee of $250 per student.
*see current **Budget/Tuition Schedule** for additional fees.

Valley Heights Christian Academy is an educational ministry of Calvary Baptist Church in Norwich, New York. Consistent with Christian principles, Valley Heights Christian Academy does not discriminate with regard to race, gender, or national origin in the administration of its educational policies, admission policies or other school-administered programs. VHCA reserves the right to deny enrollment to any student who does not meet admission requirements.
Valley Heights Christian Academy is a nonregistered high school with the New York State Education Department. As a nonregistered school, VHCA is not authorized to issue Regents high school diplomas and does not administer Regents examinations.
Valley Heights Christian Academy is a member of the New York State Association of Christian Schools and the American Association of Christian Schools.