



Victory Baptist Church & Victory Christian School  
684 Old Herfford Hwy, Elizabeth City, NC 27909  
252-264-2011 • 252-264-2468 • Fax: 252-264-4155  
www.victorybaptistministries.com  
Email: baptistvictory@yahoo.com

Student Registration Form

Student's Name

Grade Entering

Please complete one form in it's entirety for each new student.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Email: \_\_\_\_\_  
Please circle one: Mom's, Dad's, or Guardian's Email Address

Church Attending: \_\_\_\_\_

Has the student received Christ as Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No, Date: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Grades have been: Superior \_\_\_\_\_ Above average: \_\_\_\_\_ Average: \_\_\_\_\_ Below average: \_\_\_\_\_

Has your child ever failed? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Grade entering: \_\_\_\_\_ Does your child have an IEP? \_\_\_\_\_ Diagnosed learning disability? \_\_\_\_\_

Has your child ever been expelled, dismissed, suspended, or refused admission from another school?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_, If yes, please explain: \_\_\_\_\_

If preschool, are you enrolling for 3 (M, W, F) or 5 days, full (8:20-3:00) or half days (8:20-12:30)?  
Please Circle One

Parent One

\_\_\_\_ Father, \_\_\_\_ Mother, \_\_\_\_ Step-Father, \_\_\_\_ Step-Mother, \_\_\_\_ Other \_\_\_\_\_  
Please Specify

Name: \_\_\_\_\_  
(Last) (First)

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please include home and cell when applicable

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

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Church attending: \_\_\_\_\_

Do you know Christ as your Savior? \_\_\_\_ No, \_\_\_\_ Yes, Date: \_\_\_\_\_

Parent Two

\_\_\_\_ Father, \_\_\_\_ Mother, \_\_\_\_ Step-Father, \_\_\_\_ Step-Mother, \_\_\_\_ Other \_\_\_\_\_  
Please Specify

Name: \_\_\_\_\_  
(Last) (First)

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please include home and cell when applicable

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

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Church attending: \_\_\_\_\_

Do you know Christ as your Savior? \_\_\_\_ No, \_\_\_\_ Yes, Date: \_\_\_\_\_

### Financial Information

Please indicate who will be financially responsible: \_\_\_\_ Parent One, \_\_\_\_ Parent Two, \_\_\_\_ Other

Scholarship: \_\_\_\_\_ If Other, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Options: \_\_\_\_ All in full, \_\_\_\_ By Semesters, \_\_\_\_ 10 Month Plan, \_\_\_\_ 12 Month Plan

By signing below, I am assuming full financial responsibility for all tuition, fees, and penalties assessed by Victory Christian School, per the Financial Policy as stated in the Victory Christian School Student & Parent Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Information

Please list the contacts whom the school should notify in case of an emergency when the parents are not able to be reached. All contacts should be within the local area.

_____	_____	_____
Name	Relationship	Daytime Phone
_____	_____	_____
Name	Relationship	Daytime Phone
_____	_____	_____
Name	Relationship	Daytime Phone

List any medications the student is currently taking: \_\_\_\_\_

List any known allergies the student has (medications, bee stings, food allergies): \_\_\_\_\_

Victory Christian School has my permission, in an emergency, when I cannot be contacted, to contact the physician listed below and/or transport my child to the emergency room of the nearest hospital. I also extend further permission for the physicians and medical staff of said medical facility to provide treatment which is deemed necessary for the physical wellbeing of my child.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip, Travel Permission, Photography & Publishing Permissions

I understand that special trips away from Victory Christian School campus are planned for the students throughout the year. These trips include, but are not limited to, educational field trips, athletic events, competitions, and class projects. I am further aware that these excursions are carefully arranged and adequately supervised by adults. I give permission for my child to be included on these trips. Furthermore, I extend the medical permissions as outlined above to govern emergencies in which my child may be involved during these trips. I understand that Victory Baptist Ministries may take pictures of my child for yearbook and other publishing purposes. Other publishing would include, but not be limited to the internet at [www.victorybaptistministries.com](http://www.victorybaptistministries.com), on the Victory Christian School's facebook page, and other brochures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student & Parent Handbook

Victory Christian School desires to train your child in activities that are Christ-centered. We believe that the Bible is the Rule Book which God has provided for all to follow. However, all men fall short in their endeavor to apply its principles for daily living to their lives. Therefore, in order to maintain a uniform environment which is conducive to educational atmosphere, the Student Handbook outlines specific rules and regulations as to the order by which Victory Christian School will operate. We ask that a parent/guardian and any student enrolling in grades 7-12 sign below, stating that they have read and understand the handbook, and will abide by its directives.

*"I have read the Handbook of Victory Christian School and agree to comply with all therein."*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (7-12 grade only): \_\_\_\_\_ Date: \_\_\_\_\_

## Daily Release

List below the individuals who have permission to pick your child up from campus at Victory Christian School. Students will only be released to persons listed below, unless a parent/guardian contacts the school office giving permission for the child to be released to another individual.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Referral

How did you learn about Victory Christian School? \_\_\_\_\_

Victory Christian School  
Statement of Cooperation  
Revised March 2016

1. Because of limited enrollment and a very stringent economy, it is hereby understood that I will pay tuition for the amount as stated in the financial information on a 10 or 12-month plan. I understand that the account is delinquent after the 15<sup>th</sup> of the month, and after 30 days have elapsed the student(s) will not be permitted to attend classes until the account is paid-to-date (unless prior arrangements have been made). **Reports cards will be held if the account becomes outstanding during any grading period.** No refunds will be made for registration fees or any part of a month's tuition. If collection procedures become necessary, all legal fees that the school might incur are my responsibility.

2. We will attend the Parent-Teacher Fellowship meetings. We sincerely pledge our loyalty to the aims and ideals of Victory Christian School and will bring any and all questions and criticisms directly to the administration, so that those in authority may properly consider them.

3. We agree that in the case of a disagreement between our child and another child at school, we will work through the teacher and administrator to effect reconciliation. We further agree to register complaints regarding school rules, procedures, etc., ONLY with our child's teacher and/or administrator, not with other parents or friends. (Psalms 15:3)

4. We understand that Victory Christian School reserves the right to expel any child who fails to comply with the established regulations and disciplines, or who does not respond favorably to the school. We will not try to change the school to fit his/her needs, but will withdraw him quietly, and without delay. (Six weeks are adequate for most students. The one who has not adjusted by the end of twelve weeks should definitely be withdrawn).

5. We give the teachers and administration full discretion in the discipline of our child (ren). This would include suspension and even expulsion. Detention halls may be used after school for various offenses and transportation will be our full responsibility.

6. We agree to uphold and support the high academic standards of Victory Christian School by providing a place at home for our child(ren) to study and giving them encouragement on the completion of homework and assignments.

7. We understand that if our child does not put forth the effort to maintain their grades at an acceptable level, they will not be permitted to remain at Victory. This does not apply to the student who, in the opinion of the administration, is really trying. As parents, please encourage your child to do his very best.

8. We give permission for our child to take part in all school activities including sports

and school-sponsored trips away from the school premises and absolve the school from liability because of accident and/or injury to my child while at school, sports activities, and field trips, etc.

9. We support the fact that Victory Christian School has adopted standards based on Biblical principles for the purpose of providing an environment conducive to spiritual growth and academic excellence. We agree to **carefully read** the standards and dress codes set forth by the school, which are listed in detail in the student handbook.

10. We understand that the school requires each student to refrain from profanity, smoking, misuse of drugs or narcotics in any form, and disorderly and immoral behavior on and off campus. Any student who is guilty of any of these offenses, on or off campus, will immediately be expelled. No exceptions will be made.

11. We agree to adhere to the same dress standards as the students when attending the PTF meetings, going on field trips, class parties, athletic events, or any other school sanctioned activity.

12. I have read the handbook in its entirety and will agree to abide by the rules and standards set forth. I also agree to make sure that my child(ren) abides by the rules and standards set forth.

13. We consider it a privilege to have the opportunity to send our child to Victory Christian School and agree to accept all regulations of the school on the applicant's behalf.

**\*\*\*Both parents must sign all applicable forms\*\*\*  
\*\*\*Students in 7-12<sup>th</sup> grades must sign this form\*\*\***

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_

# Victory Christian School

## Record Request Release Form

The following student(s) have enrolled in our school:

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Please send all pertinent records to:

Victory Christian School  
684 Old Hertford Hwy  
Elizabeth City, NC 27909  
252-264-2011  
Fax 252-264-4155

-----  
I, the parent/guardian, give permission for you to release all records including health records, test results, discipline records, psychological tests and cumulative records to Victory Christian School.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Victory's Medicine Form

Dear Parents:

There are times when your child comes to us with a headache, sore throat, cough, or stomachache. We need your permission to dispense the proper medication.

Child's name: \_\_\_\_\_

Child's allergies: \_\_\_\_\_

Please check the appropriate spaces below:

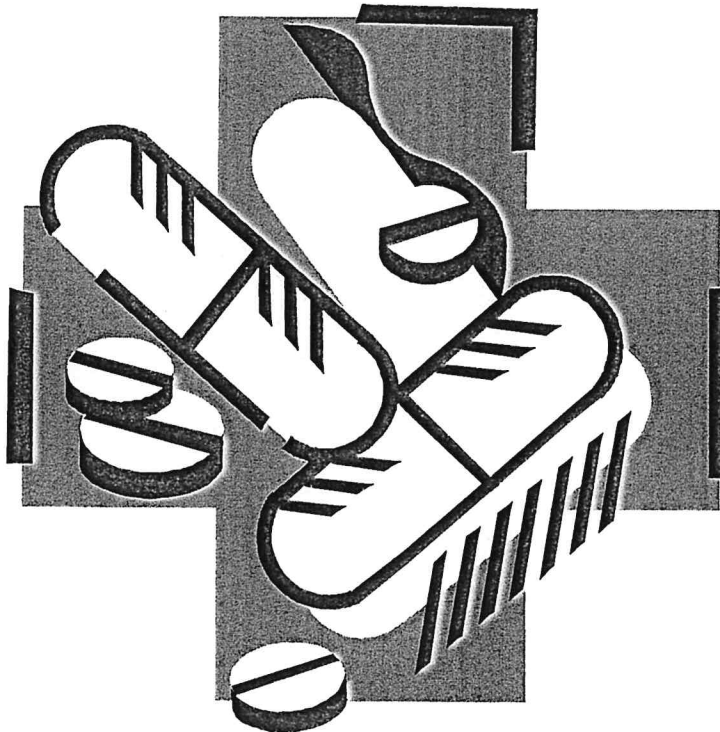
I  give/  do not give the teacher permission to dispense the following medication as needed.

Cough syrup/ cough drops

Tylenol or equivalent

Child's regular dosage and strength: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_



Victory Christian School  
684 Old Hertford Hwy  
Elizabeth City, NC 27909  
252-264-2011/2468

Emergency Care Information

Child's name: \_\_\_\_\_

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

Telephone: (home) \_\_\_\_\_

Mother's work number: \_\_\_\_\_ Father's work number: \_\_\_\_\_

If neither mother nor father can be contacted, call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug Sensitivity/Allergies: \_\_\_\_\_

Prescribed Medication (other than for routine illness): \_\_\_\_\_

Explanation: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**I agree that Victory Christian School's administrator, teacher, and/or staff may authorize a physician to provide emergency care, as deemed necessary, in the event that neither parent can be contacted immediately.**

\_\_\_\_\_  
(Mother or legal guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
(Father or legal guardian) Date: \_\_\_\_\_

VICTORY CHRISTIAN SCHOOL  
684 Old Hertford Hwy  
Elizabeth City, NC 27909  
(252) 264-2011

RELEASES

I hereby grant permission for my child to participate in all of the activities planned and supervised by Victory Christian School.

I hereby grant permission for my child to leave the school premises under the supervision of administrator, teachers, or coaches in an authorized vehicle.

I hereby grant permission for the administrator, teacher or coach to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. If a parent/guardian or the child's physician cannot be located, you may do any of the following:
  - a) Contact another physician.
  - b) Call an ambulance, if needed.
  - c) Take the child to an emergency hospital in the company of the administrator, teacher, or coach with any health forms that are on file.

I understand that any expenses incurred for medical care will be the responsibility of the child's primary medical insurance. Any medical expenses that are not covered by the child's primary insurance may be submitted to our student accident insurance.

I understand that the school will not be responsible for anything that may happen as a result of omitted or false information given.

I understand that the school will assume responsibility for the child from the predetermined time a trip is scheduled to leave until the parent or other authorized person comes for the child at the end of the trip or event.

I hereby agree to deliver and pick up my child promptly at the beginning and ending of a trip or event at the predetermined time.

\_\_\_\_\_  
(Father or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother or Legal Guardian)

\_\_\_\_\_  
(Date)