

Valley Christian Academy

Enrollment Checklist Pre-Kindergarten 3 & 4

Student must turn 3 years of age on or before August 15 of the entering school year to enroll in pre-kindergarten 3 or 4 years of age on or before August 15 of the entering school year to enroll in pre-kindergarten 4.

- ____Completed Application
- _____Signed Statement of Cooperation
- _____Application Fee
- _____Supply Fee
- _____Birth Certificate
- _____ Social Security Card
- ____Immunization Records
- _____Medical Report (should be marked on immunization form)

Valley Christian Academy

482 County Road 725 | Riceville, TN 37370

(423) 462-3008

Welcome from Admissions

Thank you for your interest in Valley Christian Academy. We understand that planning your child's educational future is an important process, and we would be delighted to help you better understand what Valley Christian Academy has to offer.

We are a life preparatory school with a focus on developing academically and spiritually prepared champions for Christ. All classes are challenging and individual attention is the norm. Our teachers will use a variety of teaching methodologies to assure every child's strengths and interests are developed. We celebrate each student's excitement of discovery and we consistently work to develop a lifelong love of learning.

Valley Christian Academy provides a forward-thinking learning community with a caring and connected faculty and student body. We emphasize spiritual formation with a desire for students to be prepared to be "world changers" whatever their God-given path.

If you are interested in learning more about Valley Christian Academy, please contact us at your convenience. We look forward to meeting you and your child!

Thank you,

Valley Christian Academy Board of Directors 482 County Road 725 Riceville, TN 37370

(423) 462-3008

Valley Christian Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally made available to students. Valley Christian Academy does not discriminate on the basis of race, color, national origin, or ethnic origin in the administration of its educational policies, admission policies, scholarships, financial aid and athletic and other school-administered or sponsored programs and events.

ADMISSIONS PROCESS

Valley Christian Academy welcomes applications for admission from students entering Pre-Kindergarten through grade 8. This is a three-step process. Once your application folder is complete with all of the documents required for admissions, you will be contacted to schedule testing and interview dates. Students at every grade level are required to turn in an application for admission. We actively seek to create and cultivate a loving, learning Christcentered culture.

Step 1: Complete and Submit the Application forms, one for each child you wish to enroll. Before the application can be processed, the following documents must be received:

- Completed Application for Admission
- $\hfill\square$ Application fee
- □ Copy of the student's transcript
- □ Copy of most recent standardized achievement test scores (or comparable testing)

Step 2: Interview and Assessment: A member of the Admissions Committee will meet to discuss the particulars of your completed application and give you an opportunity to ask questions. Participation by both parents/ guardians is required. Before the interview can occur, the following documents must be received:

□ References (pastor's referral form)

STANDARDS FOR EVALUATING PROSPECTIVE STUDENTS:

Spiritual Considerations

- Personal Christian commitment of parents/guardians and student(s).
- Willingness of parents/guardians and student(s) to be supportive of Valley Christian Academy's philosophy of Christian education.
- Willingness of parents/guardians and student(s) to support the administration and faculty in carrying out the goals and programs of Valley Christian Academy.

Behavioral Considerations

- History of acceptable citizenship in previous school.
- Agreement of parents/guardians and student(s) to abide by the behavior standards established by Valley Christian Academy.

Academic Considerations

- Documented record of acceptable grades in previous school.
- Acceptable scores on achievement tests.

Personal Considerations

- Student's special interests, talents, and skills.
- Valley Christian Academy makes no distinction in its admission policy on the basis of race, color, or national and ethnic origin.

We support an environment that enriches the learning experience of the school community and prepares students to become leaders as well as followers of Christ in an ever-changing world.

Step 3: Notification of Acceptance: After all of the above steps have been completed, the Admissions Committee will review and rule on the application. *Notification of acceptance will be sent by mail, and a response must be received within ten business days.* All students are considered to be on probation for the first nine weeks at Valley Christian Academy. Excessive behavior problems or extremely poor academic performance may result in dismissal or recommendation to a lower grade level.

Valley Christian Academy Mission Statement

Valley Christian Academy partners with parents/guardians to provide a distinctively Christian education with academic excellence with a Biblical worldview in order to expand the knowledge and critical thinking skills of our students, which will develop their God-given potential to impact the world under the Lordship of Jesus Christ.

Vision Statement

Valley Christian Academy's vision is to impact our world by preparing students to become Godly men and women, as we implement **Discipleship** (Mt. 28:16–20), expect **Excellence** (1 Cor. 10:31), and encourage **Integrity** (Psalm 15).

CORE VALUES

Discipleship

Disciples not only loving God, but also striving to imitate Him in all that they do and say. Jesus calls us to not only speak the Gospel but to also develop relationships with others so they can learn how to imitate Jesus Christ in their own lives.

Excellence

When a student grasps the impact of the Gospel and recognizes the love and sacrifice of Jesus to provide salvation for a lost world, the natural response should be to live a life of excellence, a life worthy of such love and sacrifice. At Valley Christian Academy, students are encouraged to complete all tasks, whether they are academic, athletic, or artistic, with the mindset that they are working to bring glory to God.

Integrity

Those who are followers of Jesus are called to lives of integrity, which means that their attitudes and behaviors are wholesome and blameless at all times, not just when they are being watched by someone else. A person who lives with integrity understands that he is ultimately responsible to God and will give an account to Him for all things.

Valley Christian Academy Pre-Kindergarten

APPLICATION FOR ADMISSION

| Valley Chris Student and Family In | tian Academy 48 formation | 32 County R | oad 725 Ric | | • • | 3) 462-3008 | |
|---|----------------------------------|---------------|--------------------|----------------|----------------|------------------|--------|
| Student Information | | | | | | | |
| Full Legal Name | | Date | of Birth | Age | _ | Grade Entering | Gender |
| SS # ٢ | Name student goes t | oy: | | _Student res | ides with:_ | | |
| Address: Street Apt/Suite | | | City | St | | Zip | |
| - | | | | | | - | |
| Last School Attended: | | | School | Phone | | _ гах | |
| Address of Last School A | ttended: | | | | | | |
| Street City St Zip | | | | | | | |
| Parent with legal custody i Send mail to: □ Home of Stu Name: Mr | dent □Father at differe | nt address □N | Iother at differer | nt address | | onal information | |
| Home Address if different than above: | | | Ho | ome Address if | different that | n above: | |
| Street | | | Street | | | | |
| City | State | Zip | City | | | State | Zip |
| Phone: Home | Cell | | Phone: Hon | ne | Cel | 1 | |
| Preferred Email: Please check the box below th □ African American □ Asian | - | | - | Your response | is optional.) | | |
| Family's Church | | | | | | | |
| | e 1 1 7 1 7 | 4 | , . . | Pastor | | Church P. | hone |
| Emergency Contact In | | | | | | | |
| Name | Re | lationship | Home Ph | one Work | . Phone | Cell Phone | |

Place of Business, Father (Guardian):

| Company Phone: | | | | | |
|---|-------------------------|-------------|---|--|--|
| Company: | Occupation: _ | Occupation: | | | |
| Address: | | | | | |
| Place of Business, Mother (Guardian): Company Phone: | | | | | |
| Company: | Occupation: _ | | | | |
| Address: | | | | | |
| Primary Guardian (if different from above | | | | | |
| Siblings or others in household not applying | | | | | |
| Name 1 | Relationship to student | | • | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| | | | | | |

Student Information:

Please list the school(s) your child has attended over the last three years. Please include full address of the school. If more space is needed, please provide the information on a separate sheet of paper.

| School Name & Address 1 | Phone Number | Grade |
|-------------------------|------------------|-------|
| 2 | | |
| 3 | | |

Valley Christian Academy is not staffed to teach children with significant learning disabilities or behavioral issues. We would appreciate your assistance in answering the following questions as candidly as possible. Further elaboration on your answers will take place during the interview.

| 1. Does your child have any special learning needs (AE | D, ADHD, dyslexia, autism, etc.) that would require special |
|--|---|
| attention in a traditional classroom setting? | If yes, please explain |

2. Has your child ever been referred for testing or placed in a special program? _____ If yes, please explain:

3. Has your child ever seen or been referred to a counselor/physician/psychiatrist for any type of social, behavioral, emotional, or mental issue? ______ If yes, briefly state the nature of the issue: ______

4. Has your child ever taken medication for a learning or behavioral issue? _____ If yes, please explain:

5. Has your child ever experienced any disciplinary problems at a previous school? (i.e. Has a teacher or administrator ever contacted you regarding your child's behavior?) If yes, please explain:

6. Please describe any physical disabilities (heart, hearing difficulties, speech impediments, asthma, sensory interaction dysfunction, etc.), any serious illnesses, allergies, diseases, injuries or hospitalizations.

7. Has your child received a recent visual or hearing examination? ___Yes ___No If yes, what were the results? ____

8. Has your child ever repeated a grade for any reason? _____ If yes, which grade: ____

9. Has your child ever been suspended, expelled, or asked to withdraw from any school? ______ If yes, please explain on a separate sheet of paper, including principal's name, school name, and school address and phone number.

10. Has the child ever had any involvement with legal authorities?_____ If yes, please attach an explanation.

11. Is the student currently under any disciplinary action? _____ If yes, please attach an explanation.

12. Why do you want your child to attend Valley Christian Academy?

| Events:Has your child had any of the following experiences in the last year?Birth of another child in the familyYESNOChanging schoolsYESSerious illness of child or family memberYESNODeath in familyYESVESNODivorce of parentsYESVHESNOOther | | | | | |
|---|--|--|--|--|--|
| How would you describe your child? Active Quiet Friendly Shy Other: | | | | | |
| Social History Has your child experienced any problems in the following areas? If so, please explain. Eating Sleeping Sleeping Discipline Discipline Speech and hearing Allergies Separation anxiety | | | | | |
| What are some ways your child plays at home? | | | | | |
| | | | | | |
| How does your child respond when he or she does not get his or her way? | | | | | |
| What are your child's favorite foods? | | | | | |
| What are your child's favorite activities? | | | | | |
| What are your child's least favorite activities? | | | | | |
| Are there foods he or she dislikes? If yes, which ones and please explain: | | | | | |
| How can we best help your child in this program? | | | | | |
| | | | | | |

References

Please list three references:

| 1. Pastoral – About your family - | | | | |
|---|--------------------------------|-----------------------|--|---------|
| Name: | Phone: | E-mail: | | |
| Home Address: | | | | |
| Street | City | State | Zip | |
| | | | | |
| 2. Friend – About your family - Po | | | | |
| Name: | | | | |
| Home Address:Street | | | | |
| Street | City | State | Zip | |
| | | | | |
| 3. Friend – About your child - A p Name: | | | | |
| Ivanie | 1 none | L-man | | |
| Home Address: | | | | |
| Street | City | State | Zip | |
| Grandparent Information | | | | |
| Please list contact information f | or all grandparents. | | | |
| Name: | | E-mail: | | |
| Home Address: | | | | |
| | | | | |
| Name: | Phone | F-mail. | | |
| Home Address: | 1 none | L-man | | |
| | | | | |
| | 71 | | | |
| Name: | Phone: | E-mail: | | |
| Home Address: | | | | |
| | | | | |
| Name: | Phone: | E-mail: | | |
| Home Address: | | | | |
| | | | | |
| Persons authorized to pick up y | our child (in addition to nare | ent/ouardian orandnai | ents and emergency (| contact |
| from Valley Christian Academy | | | | |
| | | | | |
| Name: | | Relations | hip: | |
| | | | | |
| Name: | | Relations | hip: | |
| Name: | | Relations | hip: | |
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Permission and Release

By signing this application, I give permission for my child to take part in all school activities, including sporting events and practice, and school-sponsored trips away from school premises (except as specifically listed below). Further, in the event my child becomes ill or is injured while under school supervision, I authorize school authorities to take the following steps:

• Contact a parent/guardian of the student and follow his/her instructions;

• In the event neither parent/nor guardian can be reached, contact the student's physician and follow his/her instructions.

• If the student's physician cannot be reached, contact at their discretion, emergency personnel or a licensed, practicing physician and to follow his/her instructions.

Person to call in case of emergency_____

| Relationship to Student: | Home: | Cell: | Work: | |
|------------------------------------|-------|--------|-------|--|
| Child's Physician: | | Phone: | | |
| Exceptions (if any) to permission: | | | | |

Release:

I agree to release the board and any school employee from any and all liabilities in connection with these activities and instructions, and to hold them harmless from injury or damage caused by my child.

Parent/Guardian Signature:_____