



STUDENT REGISTRATION FORM

a: 8585 SE 147TH PL, SUMMERFIELD, FL 34491 p: 352.693.5941 f: 352.307.5300 w: villageviewchristianacademy.com

For Office Use Only

Date _____
Grade _____
Entrance Date _____
Teacher _____

Scholarship _____
Registration Fee _____

Check which applies:

McKay _____ HOPE _____
Step Up _____ PLSA _____
AAA _____ VVCA _____

GENERAL INFORMATION

Legal Name of Child _____ Goes by _____
Last First Middle

Address _____ Zip Code _____
Street City State

Student Email _____ Student Cell _____

Home Phone _____ Father Cell _____ Mother Cell _____

Parent's Email _____ Preferred method of contact: Text _____ Email _____

Age _____ Date of Birth _____ Gender _____ Race _____ Grade _____
Month/Day/ Year

Name and Grades of VVCA Siblings _____

Father/Stepfather/Guardian Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Address of Employment _____ Zip Code _____
Street City State

Mother/Stepmother/Guardian Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Address of Employment _____ Zip Code _____
Street City State

If parents are divorced/separated, with whom does the child reside? _____
(All legal documents defining custody and visitation must be on file with the VVCA office.)

Does your family currently have a home church? _____ If so, where? _____

Persons other than parents who are permitted to pick-up student and/or to be notified in case of illness or accident:

Name _____ Address _____
Relationship _____ Phone _____
Street City State

Name _____ Address _____
Relationship _____ Phone _____
Street City State

Name _____ Address _____
Relationship _____ Phone _____
Street City State

MEDICAL INFORMATION

Preferred Doctor _____ Address _____ Phone _____

Preferred Dentist _____ Address _____ Phone _____

Preferred Hospital _____ Insurance Carrier _____

Policy number _____

Any Physical Disability or Medical Condition? Yes___ No___ Describe _____

Parents, please read and sign below.

As the undersigned, I understand that Village View Christian Academy is staffed with qualified teachers and has full discretion in the classroom discipline of my child. I also understand that the Bible is taught in the school daily, and that Bible doctrines, philosophy, and standards will be fundamentally Church of God in nature. Office personnel may treat minor medical needs as necessary. In case of a medical emergency, my student may receive appropriate medical attention by our staff until paramedics arrive. Several field trips will be planned throughout the year with proper supervision. I hereby give my permission for my child to participate in these field trips and will not hold the school responsible in case of accident or injuries. Photography including your child at school and school activities may be published in print or digital media for the purpose of representing the school. I am aware that all payment of tuition, fees, etc. are due by the 15th of the month and hereby agree to keep current in all payments. I hereby certify that all of the above information I have provided is complete and accurate to the best of my knowledge.

Signature of Father/Stepfather/Guardian Date

Signature of Mother/Stepmother/Guardian Date