

Venice Christian School

*a ministry to
the families, churches and communities
of north Charlotte and south Sarasota counties*



Training for Eternity

APPLICATION FOR ADMISSION

PLEASE SEND COMPLETED APPLICATION TO:

Venice Christian School
1200 Center Road
Venice, Florida 34292
Phone: 941-496-4411 Fax: 941-408-8362
www.venicechristianschool.org

VENICE CHRISTIAN SCHOOL

1200 CENTER ROAD
VENICE, FLORIDA 34292

(941) 496-4411

APPLICATION FORM

BOY

GIRL

STUDENT'S FULL NAME: _____

LAST

FIRST

MIDDLE

APPLYING FOR GRADE: _____ PRE-K PLEASE SPECIFY: K3 K4 M/W/F K4 M-F TO ENTER IN: _____

SCHOOL YR.

DATE OF BIRTH: _____ BIRTHPLACE: _____ RACE: _____

LAST SCHOOL ATTENDED: _____

NAME

ADDRESS

PERSONAL

FATHER'S NAME: _____

FATHER'S ADDRESS: _____

STREET

CITY

STATE

ZIP

FATHER'S TELEPHONE: _____

HOME

CELL

BUSINESS

FATHER'S E-MAIL ADDRESS: _____ OCCUPATION: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____

STREET

CITY

STATE

ZIP

MOTHER'S TELEPHONE: _____

HOME

CELL

BUSINESS

MOTHER'S E-MAIL ADDRESS: _____ OCCUPATION: _____

IF THERE ARE OTHER CHILDREN IN THE FAMILY, PLEASE COMPLETE THE FOLLOWING:

NAME: _____ AGE: _____ SCHOOL: _____

NAME: _____ AGE: _____ SCHOOL: _____

NAME: _____ AGE: _____ SCHOOL: _____

MARITAL RELATIONSHIPS (CHECK ALL THAT APPLY):

PARENTS ARE: TOGETHER AT HOME SEPARATED LEGALLY DIVORCED

MOTHER DECEASED FATHER DECEASED

IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE STUDENT?

NAME OF PARENT OR LEGAL GUARDIAN IF OTHER THAN PARENT: _____

IF STUDENT DOES NOT LIVE WITH THE FATHER AND MOTHER, STUDENT LIVES WITH:

MOTHER FATHER

MOTHER AND STEPFATHER; STEPFATHER'S NAME: _____

STEPFATHER'S OCCUPATION: _____

FATHER AND STEPMOTHER; STEPMOTHER'S NAME: _____

STEPMOTHER'S OCCUPATION: _____

GRANDPARENT, GUARDIAN, AUNT, ETC.: _____

NAME

RELATIONSHIP

FOR OFFICE USE ONLY:

DATE: _____ APPL. FEE REC'D: _____ TRANSCRIPT: _____ TEST SCORES: _____

INTERVIEWED BY: _____ DATE: _____ ACCEPTED REJECTED LETTER SENT: _____

REG. FEE REC'D DATE: _____ AMOUNT: _____ HEALTH: _____ IMMUNIZATION: _____

NAME AND ADDRESS OF LIVING GRANDPARENTS:

NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP

ACADEMIC

HAS THE STUDENT EVER BEEN SUSPENDED? YES NO EXPELLED? YES NO

- IF SO, PLEASE GIVE PARTICULARS ON SEPARATE SHEET INCLUDING PRINCIPAL'S NAME AND ADDRESS OF SCHOOL.

HAS THE STUDENT EVER REPEATED A GRADE?: YES NO IF SO, STATE GRADE AND DATE: _____

WHY IS YOUR STUDENT WITHDRAWING FROM HIS/HER PRESENT SCHOOL? _____

HAS YOUR STUDENT BEEN TESTED FOR OR PLACED IN A SPECIAL PROGRAM: YES NO

- IF SO, STATE PURPOSE: LEARNING PROBLEMS BEHAVIORAL PROBLEMS

HIGH ACADEMIC ACHIEVEMENT OTHER _____

DESCRIBE THE STUDENT'S INTERESTS, TALENTS, ABILITIES: _____

HEALTH

DOES THE APPLICANT HAVE ANY MEDICAL, PHYSICAL OR EMOTIONAL HANDICAPS WHICH MIGHT AFFECT HIS/HER PERFORMANCE AT SCHOOL? _____

IS THERE ANY MEDICAL REASON THE STUDENT CANNOT PARTICIPATE IN PHYSICAL EDUCATION? YES NO

- IF SO, PLEASE EXPLAIN: _____

STUDENT'S PHYSICIAN: _____

NAME

ADDRESS

TELEPHONE

SPIRITUAL

CHURCH FAMILY ATTENDS: _____ PASTOR'S NAME: _____

DOES THE APPLICANT ATTEND REGULARLY: SUNDAY SCHOOL? YES NO CHURCH? YES NO

DOES THE FATHER ATTEND REGULARLY: SUNDAY SCHOOL? YES NO CHURCH? YES NO

DOES THE MOTHER ATTEND REGULARLY: SUNDAY SCHOOL? YES NO CHURCH? YES NO

STATE BRIEFLY WHY YOU WANT YOUR CHILD(REN) TO ATTEND VENICE CHRISTIAN SCHOOL. _____

WHERE DID YOU RECEIVE INFORMATION ABOUT VENICE CHRISTIAN SCHOOL? _____

PARENT COVENANT

AS THE PARENT OR GUARDIAN, I understand that the attendance of my child at Venice Christian School is a privilege that demands the fulfillment of certain responsibilities on my part. I hereby enroll my son/daughter for the school year _____ with the following agreements:

1. I have completely and carefully read and am in full agreement with the *Venice Christian School Handbook*.
2. I will support the school, its staff and its programs as God enables, realizing that Venice Christian School is an institution ordained by God and created for the purpose of building spiritually, socially, and academically mature young men and women.
3. I will encourage and help my child to do his/her best in all areas of life.
4. I will provide an environment in the home that will permit my child to successfully fulfill all school responsibilities.
5. I will support the policies, standards, and educational philosophy of Venice Christian School as detailed in the *Venice Christian School Handbook*.
6. I will keep channels of communication open with school staff and seek to resolve problems that may arise in a godly fashion and in accordance with the "Grievance Procedures" outlined in the handbook.
7. I will regularly attend Parent-Teacher Organization meetings and other functions requiring my participation.
8. I will take responsibility for all tuition and fees associated with my child's attendance at Venice Christian School based on the current financial information sheet which was given me.

FATHER'S SIGNATURE: * _____

DATE: _____

MOTHER'S SIGNATURE: * _____

DATE: _____

*BOTH PARENTS MUST SIGN THIS APPLICATION

STUDENT COVENANT

AS A STUDENT, I agree to support my parents/guardians and the school in all of the above areas which apply to me. I will also:

1. Show respect to all who are placed in authority over me.
2. Treat school property as though it belongs to God, and will take proper care of all books, supplies and materials placed in my care.
3. Use only language that is appropriate in any setting.
4. Seek to put the interests of my fellow students and the Venice Christian School staff before my own interests.

STUDENT'S SIGNATURE: _____

DATE: _____

FOR STUDENTS APPLYING FOR GRADES 6-8