



Training for Eternity
since 1987

Application for Admission—Preschool

STUDENT INFORMATION

(Please fill in **all** information)

Today's Date: _____ School Year To Enter: _____

Please Circle Each option that applies:

Free VPK Program	Wrap Options (Available for Free VPK only)	Self-Pay Preschool		
		Option 1	Option 2	Option 3
Morning 8:30am-11:30am Afternoon 12:30pm-3:30pm	11:30am - 3:30pm Monday-Friday Mon-Wed-Fri Tues & Thurs	Morning 8:30am-11:30am Monday-Friday Mon-Wed-Fri Tues & Thurs	Afternoon 12:30pm-3:30pm Monday-Friday Mon-Wed-Fri Tues & Thurs	Full day 8:30am - 3:30pm Monday-Friday Mon-Wed-Fri Tues & Thurs

Please Note: ALL VPK students must attend the VPK program everyday.

Please see the VPK policy guidelines regarding excused absences.

Wrap Care is an additional charge and extends from the end of the morning preschool day {11:30am} until 3:30pm for the option you choose: Monday—Friday, Monday-Wednesday-Friday or Tuesday-Thursday.

Extended Care is an additional charge for care 7:15-8:15 or 3:30pm-5:30pm and can be used anytime needed.

Venice Christian School

The biblical and philosophical goal of Venice Christian School is to develop students into mature, Christ-like individuals who will be able to exhibit a Christ-like life.

Student's Name: _____
(last) (first) (middle)

Student's Home Address: _____
(street)

(city) (state) (zip) (county)

Home Phone: (____) _____ Birth date: _____ Age: _____

Gender: _____ Ethnic Background _____

Primary language spoken: _____

Other language(s) spoken at home: _____

Previous School: _____ Dates Attended: _____

School Phone (____) _____ School Fax (____) _____

Student is: First time applicant Former VCS student Previous applicant

Family is: New to VCS Returning to VCS Current VCS family

Why are you choosing VCS? _____

How did you hear about VCS? _____

For School Use Only

Date App Rec'd _____ Interview/Tour with _____ Date _____

Accepted _____ Denied _____ Reason _____ Date parent notified _____

Date **Non-refundable** Annual Fee Rec'd _____ Check # _____ Cash _____ CC _____

Date Sent to Student Services _____ Notes _____

1200 Center Rd.
Venice, FL 34292
PH: (941) 496-4411
Fax: (941) 408-8362

www.venicechristianschool.org

PARENT INFORMATION

Father's Name: _____ If VCS Graduate, graduation year: _____

Father's Address (if different from student's): _____
(street) (city) (state) (zip)

Father's Home: (____) _____ Father's Mobile: (____) _____ Father's Work: (____) _____

Father's Email (used for school communications): _____

Father's Employer: _____ Occupation/Position: _____

Mother's Name: _____ If VCS Graduate, graduation year: _____

Mother's Address (if different from student's): _____
(street) (city) (state) (zip)

Mother's Home: (____) _____ Mother's Mobile: (____) _____ Mother's Work: (____) _____

Mother's Email (used for school communications): _____

Mother's Employer: _____ Occupation/Position: _____

Stepparent/Guardian Information (if student does not reside with mother and father)

1. Parent/Guardian Name: _____ If VCS Graduate, graduation year: _____

Parent/Guardian Address (if different from student's): _____
(street) (city) (state) (zip)

Parent/Guardian Home: (____) _____ Mobile: (____) _____ Work: (____) _____

Parent/Guardian Email (used for school communications): _____

Parent/Guardian Employer: _____ Occupation/Position: _____

Relationship to the Student Stepfather Stepmother Grandmother Grandfather

Other (please specify): _____

2. Parent/Guardian Name: _____ If VCS Graduate, graduation year: _____

Parent/Guardian Address (if different from student's): _____
(street) (city) (state) (zip)

Parent/Guardian Home: (____) _____ Mobile: (____) _____ Work: (____) _____

Parent/Guardian Email (used for school communications): _____

Parent/Guardian Employer: _____ Occupation/Position: _____

Relationship to the Student Stepfather Stepmother Grandmother Grandfather

Other (please specify): _____

Marital status of student's parents: Married Separated/Divorced Widowed Single

Student resides with: Both Parents Mother Father Other: _____

FAMILY INFORMATION

Student's Siblings:

_____	_____	_____
(name)	(grade)	(school attending)
_____	_____	_____
(name)	(grade)	(school attending)
_____	_____	_____
(name)	(grade)	(school attending)

Student's Grandparents (to keep grandparents informed about school activities including Grandparent's Day)

Paternal Grandfather: _____
(last) (first) (title)

Home Address: _____
(street) (city) (state) (zip)

E-mail: _____

Paternal Grandmother: _____
(last) (first) (title)

Home Address: _____
(street) (city) (state) (zip)

E-mail: _____

Maternal Grandfather: _____
(last) (first) (title)

Home Address: _____
(street) (city) (state) (zip)

E-mail: _____

Maternal Grandmother: _____
(last) (first) (title)

Home Address: _____
(street) (city) (state) (zip)

E-mail: _____

MEDICAL INFORMATION

Does your student have any medical, physical or emotional limitations which might affect their performance at school? _____

Is there a medical reason your student cannot participate in physical activities? Yes No

If so, please explain _____

Has your student ever been diagnosed with ADD/ADHD OCD Anxiety Depression

Please list any past or current physician prescribed medications: _____

Educational Information

Thank you in advance for taking the time to completely address the following questions. Your honest answers will help us to provide your child with all of the necessary resources for academic, physical, social, emotional and moral growth.

Has your student ever been suspended? Yes No Expelled? Yes No

If yes, please give particulars on a separate sheet including the principal's name and address of the school.

Has your student ever repeated a grade? Yes No If yes, please state grade and date: _____

Why is your student withdrawing from their present school? _____

Has your student been tested for or placed in a program to support their unique learning style? Yes No

If so, state purpose: Learning Difficulties Behavioral Challenges Speech High Academic Achievement

Other: _____

Has your student ever had an Individual Education Plan (IEP) or 504? Yes No

If yes, a copy is required to be submitted with this application to ensure resource services are available to meet your student's needs.

My student has been diagnosed with the following: ASD SLD Dyslexia Other _____

Does not apply

My student has participated in the following assessments either on a school campus or privately.

If yes, a copy is required to be submitted with this application to ensure resource services are available to meet your student's needs.

Gifted Psychoeducational Neuropsychological Auditory Processing

Speech/Language Vision Processing Functional Behavior Does not apply

Other: _____

Spiritual Information

Church family attends: _____ Denomination: _____

Address: _____
(street) (city) (state) (zip)

Pastor's Name: _____ Church Phone: (____) _____

Does the student attend regularly: Sunday School? Yes No Church? Yes No

Does the family attend regularly: Sunday School? Yes No Church? Yes No

Parent/Student Covenant with VCS

By signing below, I/we understand that attendance at VCS is a privilege and responsibility . We covenant with the school to:

1. Be respectful to God, others, self, and property.
2. Provide an environment in the home that will permit my child to successfully fulfill all school responsibilities.
3. Fulfill our family's required 20 hours of service by volunteering at school or from home whenever possible.
4. Ensure daily attendance at VCS and promptly report any absences or tardies to the school's office.
5. Be prepared for class activities with appropriate working materials and assignments.
6. Be aware of the school's educational philosophy as outlined in the VCS Preschool Handbook.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____