



Training for Eternity
since 1987

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.

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Application for Admission, K - 12

STUDENT INFORMATION (please complete all information and include a copy of your child's current report card and standardized testing results)

Date: _____ Applying for Grade: _____ To Enter: _____
(school year)

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

Student's Home Address: _____
(street)

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

Home Phone: (____) _____ Birthdate: _____ Age: _____

Gender: _____ Ethnic Background _____

Primary language spoken: _____

Other language(s) spoken at home: _____

Current School: _____ Dates Attended: _____

School Address: _____
(street)

(city) (state) (zip)

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

Describe the student's interests and talents: _____

Why are you choosing VCS? _____

How did you hear about VCS? _____

For School Use Only

Date App Rec'd _____ Date Report Card & Standardized Testing Results Rec'd _____

Interview/Tour with _____ Date _____ Testing Scheduled _____

Time _____ Proctor _____ Testing Fee Rec'd _____

Accepted _____ Denied _____ Reason _____ Date parent notified _____

Date Sent to Student Services _____ Notes _____

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 P.E.? Yes No

If so, please explain _____

Has your student ever been diagnosed with ADD/ADHD OCD Anxiety Depression Does Not Apply

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 (please circle which one) No

If yes, a copy is required to be submitted with this application to ensure 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 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. Develop in faith by regular participation in church and youth activities.
3. Provide an environment in the home that will permit my child to successfully fulfill all school responsibilities.
4. Support the school with prayer and finances.
5. Fulfill our family's required 20 hours of service by volunteering at school or from home whenever possible.
6. Ensure daily attendance at VCS and promptly report any absences or tardies to the school's office.
7. Be prepared for class activities with appropriate working materials and assignments.
8. Be supportive of the school's educational philosophy and doctrinal statement as outlined in the VCS Handbook.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Student Signature (grades 6 to 12): _____ Date: _____