

VICTORY CHRISTIAN ACADEMY

115 S. Star
PO Box 241
El Dorado, KS 67042
316-321-4822 (4VCA) www.vcaeldorado.org



*Train up a child in the way he should go
and when he is old, he will not depart from it.
Proverbs 22:6*

STUDENT APPLICATION CHECKLIST

To make application please submit the following items to the above location:

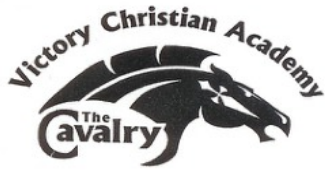
- ☐ \$100 Application Fee
- ☐ Parent Commitment Form
- ☐ Family Information Form
- ☐ Student Admission Form (One for each student applying)
- ☐ Student Health Record Form (One for each student applying)
- ☐ Church Reference Form
- ☐ Teacher Reference Form (Pre-K & Kindergarten application exempt)
- ☐ Copy of Standardized Test Results or Most recent Grade Card (Pre-K & Kindergarten application exempt)

Parent Interviews:

Upon receipt of application materials, a parent interview will be scheduled. The presence of both parents at the interview is requested. Parents and children will be given the opportunity to share their personal testimony.

Upon acceptance by the school, VCA will need the following forms:

- ☐ Enrollment Contract
- ☐ Student Records Release Request
- ☐ Annual Field Trip Release
- ☐ Copy of Birth Certificate



GENERAL INFORMATION

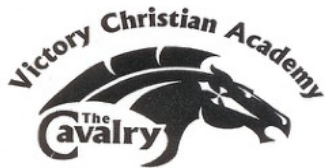
Statement of Faith

1. We believe the Bible to be inspired, the only infallible, authoritative, inerrant Word of God. (Matthew 5:18; John 5:39; John 5:46-47; 2 Timothy 3:16-17; & 2 Peter 1:21)
2. We believe that there is one God, eternally existent in three persons - Father, Son and Holy Spirit. (Matthew 28:19; John 5:23; & 2 Corinthians 13:14)
3. We believe in the deity of Christ, His Virgin Birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father and His personal return in power and glory. (Isaiah 53:5-6; Matthew 1:18; Matthew 1:23; Matthew 24:29-30; Luke 1:35; Romans 1:3-4; Hebrews 7:25; & Revelation 20:1-6)
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that people are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith are we saved. (John 15:5; John 3:16; Romans 3:20; Romans 5:12; 2 Corinthians 5:21; Ephesians 2:8; & Hebrews 9:22)
5. We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. (John 3:36; Philippians 1:21-23; 1 Thessalonians 4:13-18; 2 Thessalonians 1:9; 1 John 3:1-3; 1 John 5:12; & Revelation 20:10)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ. (Ephesians 4:13; Philippians 2:2; & John 17:22-23)
7. We believe that the Holy Spirit is sent by God the Father to convict of sin, to indwell, to guide, and to teach the believer and empower them to live in victory over sin. (John 16:7-15; 1 Corinthians 2:10; Galatians 5:16; & Galatians 5:22-23)
8. We believe that God has ordained marriage and defined it as the covenant relationship between a man and a woman (Genesis 2:22-24; Matthew 19:5; Mark 10:7; Ephesians 5:31; and Romans 1:24-26).

Mission Statement

We are committed to equipping children as Christian leaders who choose:

- ✓ To Seek the Kingdom of God First
- ✓ To Live a Life Daily that Pleases God
- ✓ Wisdom Above Knowledge
- ✓ Integrity Before Immorality
- ✓ Servanthood As a Way of Life
- ✓ And Love Above All Else



GENERAL INFORMATION

General Purpose

The purpose of VCA is to create an interdenominational Christian school for the purpose of teaching children both the precepts of the gospel of the Lord Jesus Christ, and academic subjects in such a manner as to give them the tools to be productive citizens of the Kingdom of God. In all matters we hope to follow the Scripture in loving the sinner and despising the sin. We are a school welcoming all races and ethnic backgrounds believing that God shows no partiality of persons (Galatians 3:28; Acts 10:34)

Affiliation Statement

Victory Christian Academy is not affiliated with, responsible to, or controlled by any particular organized church or denomination of believers.

Philosophy of Christian Education

The philosophy of VCA shall be to address the needs of the whole student spiritually, intellectually, emotionally, and physically by providing an education based on Biblical authority, truth and values.

Guiding Principle

Victory Christian Academy's guiding principle is to lift up the standard of Christ in all areas of school life, to challenge students to live a life that pleases and glorifies God, and our foundation for instruction, truth and values comes from the Holy Word of God.

Admission Procedure

VCA exists to offer Christian education in a Christian environment. Students will, therefore, be carefully selected in order to maintain a student body of high academic and moral Christian standards. The most important step toward enrollment is prayer. God will guide each family who seeks Him for guidance and provision for Christian education.

VCA is a non-denominational Christian school run by a Board of Directors. Parents or legal guardians become members of the organization upon their child's admittance to the school. By signing the Parental Commitment Form you are agreeing with the school's Statement of Faith, and to abide by all policies of VCA.



GENERAL INFORMATION

Admission Procedure Continued

VCA welcomes students of differing spiritual, academic, and physical levels with the hope that we will provide you with the opportunity for growth. **However, the school is not equipped to handle students who are in considerable trouble or have been expelled from public school.** At this time VCA is also not equipped to handle special needs students, i.e., mentally handicapped, hearing handicapped, extreme visual handicapped, or wheelchair-bound students.

Enrollment is open for grades Pre-K through 12th grades. Pre-K students must be four years old before September 1st. Kindergarten students must be five years old before September 1st.

Steps to Enrollment

Refer to page one for the Application Checklist.

A non-refundable application fee of \$100.00 per family must be paid when applying to VCA. If your child is selected and you make an application prior to June 5th, your \$100.00 application fee will be applied toward your first month's tuition payment. After June 5th, none of the \$100.00 fee will apply toward tuition.

Acceptance Information:

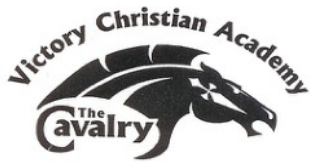
After reviewing the application, each prospective student and their family will be interviewed before final acceptance is granted. A school representative will call and schedule your Family Interview. You will be notified within 2 weeks after the Family Interview of your acceptance.

Records Request

Fill out this form to authorize VCA to receive your child's records from a previous school. After acceptance of your child, we will mail this form to your previous school.

Acceptance

After the application fee has been paid, all requested information has been received and the Family Interview has been conducted, references will be contacted, and the student's records will be evaluated. All student applications will be brought to the VCA school board for evaluation of student and family for enrollment into VCA. At the time of acceptance, a curriculum fee will be collected to purchase a curriculum for your child for the full year.



FINANCIAL INFORMATION

Curriculum Cost

\$250.00/student for Pre-K & Kindergarten

\$300.00/student for 1st through 8th grades

\$350.00/student for 9th through 12th grades

Tuition Fees

Pre-K and Kindergarten	\$ 3,150.00
1st, 2nd and 3rd	\$ 3,350.00
4 th through 8 th	\$ 3,900.00
9 th through 12 th	\$ 4,100.00

Family Discount

There is a 10% tuition reduction for each additional attending child after the first (oldest). Example: the oldest attending child pays full price; the second oldest attending child receives a 10% discount on the tuition fee for his grade level; the third oldest attending child receives a 10% discount on the tuition fee for his grade level. Fourth, fifth, and sixth children attend free, paying only an application fee and curriculum fee. You must be responsible for full tuition payments and students must live in your household 100% of the time to be eligible for the family discount.

Full Payment

The entire amount of tuition & fees is to be paid on or before August 5th. If the entire amount due is paid in full by August 5, then \$100.00 per child will be subtracted from the total. No discounts will be applied for enrollments after August 5th.

Semi-annual Payment

The first semester should be paid before August 5th. The second semester should be paid before January 5th.

10 Monthly Payments

If you prefer the monthly payment plan, you will make ten equal payments beginning August 5th and ending May 5th. Payments are due on the fifth day of each month. A \$25.00 late charge is assessed after the fifth of the month if payment is not received.

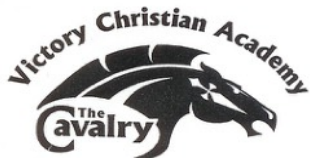
Parental Commitment Form

In signing this commitment form, we acknowledge the following:

- a) Our/My personal acceptance of and commitment to Jesus Christ as Savior and Lord.
- b) Our commitment is to participate in the Christian education of our son or daughter with regular attendance at a Bible-believing church as a family and by exemplifying Christian principles of life in our home.
- c) Our agreement to the Statement of Faith of Victory Christian Academy, Inc.
- d) Our commitment is to abide by the Code of Conduct and policies of Victory Christian Academy.
- e) Our commitment is to volunteer a minimum of 30 hours per year of voluntary labor to Victory Christian Academy.
- f) Our commitment to give to Victory Christian Academy, beyond tuition as God leads and enables.
- g) Our commitment is to pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
- h) Our commitment to attend, if possible, all the parent meetings and Board of Director meetings.
- i) We agree to come to school immediately (leaving work if required) and take care of any discipline problems that arise with our children.
- j) Our commitment is to agree with any policy or policy implementation. If we disagree with any policy set or implemented by the school, we will in no case complain to any other party. In the spirit of meekness and unity, we will register our concerns with the teacher or administrator involved.
- k) Our commitment is to pay the tuition either annually, semi-annual, or monthly to VCA. If we choose to pay monthly and are unable to pay on the date established, we understand that VCA will assess a service charge of \$25.00 to our account. We understand if we withdraw our student(s) after the first day of class that we are still responsible for the balance remaining for that school year.
- l) We realize that all academic credits will be held until all accounts are current or paid in full. Transcripts will not be transferred if money is due to VCA, Inc.
- m) We give permission to VCA to print a student roster, listing family name, children along with phone numbers, address, cell phone numbers and e-mail address. If there are any numbers or e-mail address you do not want listed in the roster, please specify. I also give permission to VCA to post pictures of my children on VCA's social media accounts or websites.

SIGNATURE OF COMMITMENT: _____
Father/Guardian Date

SIGNATURE OF COMMITMENT: _____
Mother/Guardian Date



Family Information Form

PARENT INFORMATION

Father's Name _____ Deceased ☐ Divorced ☐
Address: _____ City _____ ST _____ Zip _____
Ph# _____ Cell # _____ Wk# _____
Occupation _____ Employer _____
Father's Church _____ Pastor's Name _____
Email Address: _____

Mother's Name _____ Deceased ☐ Divorced ☐
Address: _____ City _____ ST _____ Zip _____
Ph# _____ Cell # _____ Wk# _____
Occupation _____ Employer _____
Mother's Church _____ Pastor's Name _____
Email Address: _____

Please list all children living in the home and indicate which children you are making applications for:

				Application
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>
Name _____	Date of Birth _____	Grade _____		<input type="checkbox"/>

Please use the reverse side if more space is needed ☐ See the reverse side.

If the student's parents are presently divorced, who has legal custody? _____
To whom should the correspondence & billing be sent? _____

Are there any person(s) NOT permitted to pick up child(ren): **YES** or **NO**. If yes, please explain. _____

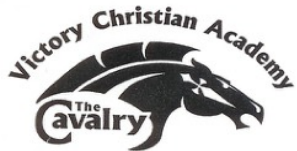
EMERGENCY CONTACT (S)

In case of emergency, list another persons who could be contacted and authorized to pick-up:

Name _____ Relationship _____ Ph# _____
Name _____ Relationship _____ Ph# _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____



Student Admission Application

To be completed for each child applying for admittance

Full Legal Name of Student _____ Grade entering _____

Name student goes by _____ Date of birth _____

Social Security # _____ Gender: _____ Male or Female

List all schools attended within the past three years. _____

Has this child ever been suspended? _____ Expelled? _____ Asked to withdraw? _____

Has this child ever failed a grade or subject? _____ If yes, please explain _____

Has this child experienced any physical, emotional, mental, or social problems within the past two years? _____ If yes, please explain _____

Has this child ever been in any difficulty with the civil authorities? _____ If yes, please explain _____

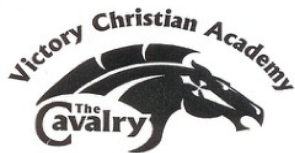
Explain why it is important for your child to attend VCA: _____

Has your child made a profession of faith according to Romans 10:9-10? _____

Has the Father made a profession of faith in Jesus? _____ Mother? _____

Briefly describe your child's extra-curricular interests and activities: _____

Attach an additional sheet if necessary.



Student Health Records

To be completed for each child for admittance

Student Name _____

Indicate your child's past/present disease(s) by marking the blank with your initials:

_____ Heart Disease	_____ Asthma
_____ Diabetes	_____ German Measles
_____ Rheumatic Fever	_____ Mumps
_____ Tuberculosis	_____ Other
_____ Epilepsy	_____
_____ Old Fashioned Measles	_____
_____ Chicken Pox	

Is your child on any medication? Yes or No If yes, please indicate the reason _____

Does your child have a physical handicap? Yes or No If yes, please explain _____

Has your child ever had a convulsion? Yes or No Explain if yes: _____

Describe any special eating needs: _____

Does this child have allergies? Yes or No List allergies (food, environmental or medication)

Please state any health problems or irregularities you wish the school to know concerning this child: _____

Does this child have physical activity limitations? Yes or No If yes, please attach physician documentation.

Victory Christian Academy
115 S. Star, P.O. Box 241
El Dorado, KS 67042
PH# (316) 321-4822



Church Reference Form

Student Name _____
Parent/Guardian's Names _____
Address: _____ City: _____ State: _____ Zip _____

The above family and student are making application to attend Victory Christian Academy in El Dorado, Kansas. A requirement for admission to this school is to provide a reference from a pastor or church leader. VCA does not deny admissions based solely on the references given. However, they are taken into consideration in the overall view of the student's request for admission. The mission of the school is to partner with the Christian home and church to educate and equip students to reach their full academic, physical, and spiritual potential in Jesus Christ. It is essential that the environment and training by the school be an extension and reinforcement of what is taught in the home, receiving complete support from the student's family. We would appreciate your assistance in helping us to evaluate the spiritual commitment of this family and student. Should you have any questions concerning this reference information please call or write to the below address. Please attach an additional sheet if needed.

To be completed by a Pastor, Youth Pastor, Sunday School Teacher, or Church Leader

How well do you know the Family?

- ☐ Very well, close relationship
- ☐ Fairly well, many personal contacts
- ☐ Casually, few personal contacts
- ☐ Just by name and sight

Christian Commitment

- ☐ Exemplary
- ☐ Marginal
- ☐ Gives no evidence of commitment

Church Relationship

- ☐ Members in good standing
- ☐ Not members, but supportive
- ☐ Not supportive

Church Attendance

- ☐ Faithful and regular
- ☐ Occasional
- ☐ Infrequent
- ☐ Never

Parent Control

- ☐ Firm and consistent
- ☐ Adequate
- ☐ Lacking

Child's Response to Parents

- ☐ Good Obedience evidenced
- ☐ Acceptable
- ☐ Lacking

Family Cohesiveness

- ☐ Strong, warm, loving ties
- ☐ Fairly cohesive
- ☐ Needs Strengthening
- ☐ Very Weak

My recommendation regarding this family is:

☐ I would prefer to discuss this student personally. Please call me at: _____

Signature: _____ Date: _____
Name (please print) _____ Position _____
Church: _____ Sr. Pastor: _____
Church Address: _____

Victory Christian Academy
115 S. Star, P.O. Box 241
El Dorado, KS 67042
PH# (316) 321-4822



Teacher Recommendation Form

Student Name _____

Parent/Guardian's Names _____

Address: _____ City: _____ State: _____ Zip _____

The above family and student are making application to attend Victory Christian Academy in El Dorado, Kansas. A requirement for admission to this school is to provide a reference from a current or former teacher. VCA does not deny admissions based solely on the references given. However, they are taken into consideration in the overall view of the student's request for admission. The mission of the school is to partner with the Christian home and church to educate and equip students to reach their full academic, physical, and spiritual potential in Jesus Christ. We would appreciate your observations about the areas listed below. Please use a question mark where you have insufficient evidence on which to make a judgment. This information will be treated as confidential in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.

To be completed by current or former teacher

Relationship to applicant

- ☐ Current Teacher
- ☐ Former Teacher
- ☐ Other: _____

Academic Achievement

- ☐ Superior
- ☐ Satisfactory
- ☐ Poor in relation to ability

Effort and Drive

- ☐ Industrious
- ☐ Average
- ☐ Easily Discouraged

Concentration

- ☐ Exceptional
- ☐ Usually Good
- ☐ Easily Distracted

Demonstrates appropriate energy level

- ☐ Usually
- ☐ Sometimes
- ☐ Seldom

Sociability

- ☐ Open and Friendly
- ☐ Reserved but approachable
- ☐ Shy and introverted
- ☐ Unsociable

Parent Support of School

- ☐ Very Good
- ☐ Average
- ☐ Sometimes unsupportive
- ☐ Critical of school/unsupportive

Leadership

- ☐ Highly influential for good
- ☐ Respected but slow to lead
- ☐ Independent. Follows, but with discrimination
- ☐ Follow indiscriminately
- ☐ Leads undesirable directions

My recommendation regarding this family is:

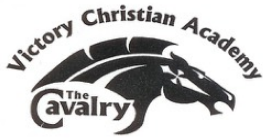
☐ I would prefer to discuss this student personally. Please call me at: _____

Signature: _____ Date: _____

Name (please print) _____ Position _____

School: _____

School Address: _____



To be completed upon acceptance

Student Records Release Request

Victory Christian Academy
115 S. Star, PO Box 241
El Dorado, KS 67042
(316) 321-4822 (4VCA)

Dear Registrar:

The following student(s) have applied for admission to Victory Christian Academy, Inc. Please release their academic, health, and all pertinent records to the receiving school.

Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____
Student Name _____	Age _____	SS# _____	Grade _____

Releasing School:

School

Address

City State Zip

Receiving School

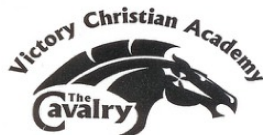
Victory Christian Academy
PO Box 241
El Dorado, KS 67042

Signature from Receiving School

Permission to release records by:

Parent/Legal Guardian Signature

Date



To be completed upon acceptance

Annual Field Trip Release/Emergency Medical Form 2025-2026 School Year

This form will be on file at the school office for the current school year. Please list all children attending VCA.

I give permission for _____, to participate in school activities including sporting events and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice for all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to an official representative of VCA more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with travel and activities. I/we agree to hold harmless Victory Christian Academy, Inc., its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Health Insurance Carrier: _____ Policy Number _____

Under the name of _____ Relationship _____

Group ID # _____ Ins. Ph# _____

Allergies _____

Medication being taken _____

Preferred Hospital _____ Date of Last Tetanus shot _____

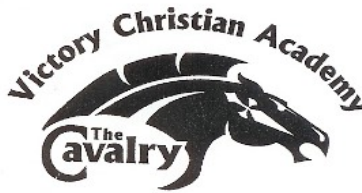
Student's phone # _____ Student's address _____

Father's WK PH# _____ Cell phone _____

Mother's WK PH# _____ Cell phone _____

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work? _____

Name and phone numbers



To be completed upon acceptance
2025-2026 Enrollment Contract

Victory Christian Academy offers to extend Christ-centered educational services for the 2025-2026 school year based on the parent or financially responsible guardian understanding and agreeing to the following terms and conditions:

I understand that my application fee of \$100.00 that I have submitted with this enrollment contract will NOT be applied to the 2025-2026 tuition term unless it was received on or before June 5, 2025. The application fee is not refundable.

I understand the payment plans on this contract are a part of this agreement. I have selected below the tuition payment plan I wish to participate in for the 2025-2026 term. I understand that after the first day of school if my student withdraws for any reason or is dismissed from the student body by the school, I am financially responsible for the balance of the total tuition for the 2025-2026 school year.

For the 2025-2026 school year, I will be enrolling (please list name and grade for each student):

My family pledges our commitment to the goals and ideals of VCA. We will bring any questions or concerns directly to the teaching staff and administration so that it may be carefully considered. I understand that the policies and provisions contained in the VCA Code of Conduct are incorporated into this Enrollment Contract. These policies and procedures may be amended from time to time including the time covered by this agreement.

I have read and understand this contract and agree to the conditions set forth.

Date **Signature of parent or guardian** **Signature of parent or guardian**

Date **Signature of Board of Director**

Yearly tuition amounts are as follows

Pre-K and Kindergarten	\$ 3,150.00
1 st , 2 nd and 3 rd	\$ 3,350.00
4 th through 8 th	\$ 3,900.00
9 th through 12 th	\$ 4,100.00

Curriculum Fees

\$250 per student
\$300 per student
\$300 per student
\$350 per student

Family Discount: There is a 10% tuition reduction for each additional attending child after the first (oldest).

Please indicate your preferred payment plan for tuition:

Payment Plan A: Full tuition & curriculum fees paid by August 19, 2025 (\$100.00 discount per child). No discount if enrolled after August 5th.

Payment Plan B: 10-month plan beginning August 5, 2025, and ending May 5, 2026 (First month's tuition and all curriculum fees due August 19, 2025)