

# Victory Academy Enrollment Application

Please Fill Out 1st Section on This Side. Please Fill Out Other Sections If There Has Been Any Change. Thank you.

## Student:

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
Male  Female

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Student's Street Address:** \_\_\_\_\_ **P.O. Box (If Any):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Student Driver's License Number:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## Parents or Legal Guardian:

**Father** **Primary Teacher? Y N** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **P.O. Box (If Any):** \_\_\_\_\_  
**If different than above**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_

**Education Level:** High School  College: 1 Year  2 Years  3 Years  Grad  Post Grad

**Does this parent (Guardian) live at student's home? Y N** \_\_\_\_\_  
**Does this parent (Guardian) have custodial rights to student records? Y N** \_\_\_\_\_

**E-Mail Address (If any):** \_\_\_\_\_

**Mother** **Primary Teacher? Y N** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **P.O. Box (If Any):** \_\_\_\_\_  
**If different than above**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_

**Education Level:** High School \_\_\_\_\_ College: 1 Year  2 Years  3 Years  Grad  Post Grad

**Does this parent (Guardian) live at student's home? Y N** \_\_\_\_\_  
**Does this parent (Guardian) have custodial rights to student records? Y N** \_\_\_\_\_

**E-Mail Address (If any):** \_\_\_\_\_

## Student's Brothers and Sisters:

(Begin with oldest)

Name	Birth Date	Home (y/n)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Victory Academy Enrollment Application

**Please Fill Out This Side Completely. Thank you.**

**Church Information:**

**Church Name:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you Born Again according to Romans 10:8-10?    Father    Yes    No    Mother    Yes    No    Guardian    Yes    No**

**If no church or not Born Again, briefly explain why:**

\_\_\_\_\_  
\_\_\_\_\_

**Other Important Information:**

- 1) Has student been suspended from school within the last 2 years?.....Yes      No
- 2) Has student been arrested or held for questioning within the last 2 years? .....Yes      No
- 3) Has student been in a drug rehabilitation program within the last 2 years?.....Yes      No
- 4) Is student pregnant?.....Yes      No
- 5) Is student the mother or father of a child?.....Yes      No
- 6) Is student married?.....Yes      No
- 7) Does student drink alcohol or use tobacco products?.....Yes      No

Applications from students who answer yes to any of the above questions will be reviewed by the Victory Academy board before acceptance. False information in these forms can result in student expulsion.

- A) Has student ever home-schooled before (if yes, how long)?.....Yes      No
- B) Is student graduating from high school this year?.....Yes      No
- C) Are you a member of the Home School Legal Defense Association?.....Yes      No

**List previous schools attended by this student in order attended:**

**Name of School:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Grades:** \_\_\_\_\_ **Years:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you choosing the option to homeschool?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I / we testify that I / we have completed this application truthfully, to the best of my / our knowledge, that I / we agree with the Victory Academy statement of faith, that I / we understand and agree to abide by the school policies and standards, and commit to be supportive of the school and it's administration. I / We understand that all reporting of attendance **(at LEAST 180 days and 4 hours a day of instruction during the school calendar year)** and average grades either by paper forms or by Homeschool Reporting Online must be done on a timely basis as prescribed by Victory Academy.

**Father:** \_\_\_\_\_ **Date:**      /      /  
**Mother:** \_\_\_\_\_ **Date:**      /      /  
**Legal Guardian:** \_\_\_\_\_ **Date:**      /      /

**Victory Academy Curriculum List**

(In order to be enrolled with a church-related school like Victory Academy, parents MUST submit this curriculum list within 30 days of enrollment.)

**Student's Full Legal Name:** \_\_\_\_\_ **Date of Birth:**        /        /

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Subject** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Publication:** \_\_\_\_\_

*(Example)*

*Math* \_\_\_\_\_ *12* \_\_\_\_\_ *Saxon Math* \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

***Signature of Parent or Guardian:*** \_\_\_\_\_

***Date:***        /        /

**Complete and mail to the following address within 30 days of enrollment!**

**Victory Academy  
Post Office Box 478  
Springfield, TN 37172**

***Parent's Report of Medical History***

**Student's Name:** \_\_\_\_\_ **Birth Date:**            /            /

**Father's Name:** \_\_\_\_\_ **Father's Social Security #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's Social Security #:** \_\_\_\_\_

**Father's Condition of Health:** \_\_\_\_\_

**Mother's Condition of Health:** \_\_\_\_\_

**Brothers (Names, Ages, Health Condition):** \_\_\_\_\_

**Sisters (Names, Ages, Health Condition):** \_\_\_\_\_

***General Condition of Health (Please explain any item that applies to student on separate sheet of paper):***

- |                     |                                    |                     |
|---------------------|------------------------------------|---------------------|
| Abdominal pains     | Frequent sore throat               | Muscle cramps       |
| Allergies           | Frequent boils, styles, infections | Nose bleed          |
| Crippling condition | Frequent urination                 | Persistent cough    |
| Dental defects      | How often? _____                   | Poor vision         |
| Diarrhea            | Frequent leg pains                 | Parasites (worms)   |
| Dizziness           | Headaches                          | Speech difficulty   |
| Ear aches           | Hearing difficulty                 | Shortness of breath |
| Fainting Spells     | Hernia                             | Tires easily        |

How many colds has the student had in the last 12 months? \_\_\_\_\_

***Personal Record (Please answer all of the following):***

**Does student have any disabilities or deformities?** \_\_\_\_\_

**Is student shy?** \_\_\_\_\_ **Does student suck thumb?** \_\_\_\_\_ **Bite Fingernails?** \_\_\_\_\_

**Does student have excessive fears?** \_\_\_\_\_ **Have temper tantrums?** \_\_\_\_\_

**Play well with others?** \_\_\_\_\_ **Overactive?** \_\_\_\_\_

**Does student like school?** \_\_\_\_\_ **Does student eat breakfast?** \_\_\_\_\_

**Does student take naps?** \_\_\_\_\_ **What time?** \_\_\_\_\_

**When is student's regular bed time?** \_\_\_\_\_ **Rising time?** \_\_\_\_\_

I understand that all pupils who show symptoms of communicable disease (fever, rash, excretions, etc.) are to be excluded from classes until readmission is acceptable to school authorities. I will cooperate by keeping my child home during such times and informing the school of such.

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

**Date:**            /            /

## *Physician's Report of Health*

**Student's Name:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Birth Date:**        /        /        **Weight:**        **Height:** \_\_\_\_\_

***Medical History (list age of onset):***

<b>Asthma:</b> _____	<b>Heart Disease:</b> _____	<b>Pneumonia:</b> _____
<b>Chicken Pox:</b> _____	<b>Measles (type)</b> _____	<b>Rheumatic Fever:</b> _____
<b>Convulsions:</b> _____	_____	<b>Scarlet Fever:</b> _____
<b>Diabetes:</b> _____	_____	<b>Whooping Cough:</b> _____
<b>Diphtheria:</b> _____	<b>Mumps:</b> _____	<b>Other:</b> _____
<b>Discharging Ears:</b> _____	<b>Polio:</b> _____	_____

***Immunizations (enter dates given):***

**D.P.T.**        1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_        **D.T.**    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Polio:** \_\_\_\_\_ **Rubella Vaccine:** \_\_\_\_\_ **Tetanus:** \_\_\_\_\_ **Measles:** \_\_\_\_\_

***Physical Examination:***

**Eyes:** \_\_\_\_\_  
**Skin and Hair:** \_\_\_\_\_  
**Ears:** \_\_\_\_\_  
**Nose and Throat:** \_\_\_\_\_  
**Mouth and Teeth:** \_\_\_\_\_  
**Coordination:** \_\_\_\_\_  
**Chest:** \_\_\_\_\_  
**Heart:** \_\_\_\_\_  
**Abdomen:** \_\_\_\_\_  
**Genitalia:** \_\_\_\_\_  
**Hernia:** \_\_\_\_\_  
**Skeletal:** \_\_\_\_\_

**Recommendations for physical activities:** \_\_\_\_\_

**Do you have any recommendations for care of this student?** \_\_\_\_\_

**Is student now under treatment for any medical or emotional disorder (if sp, please explain):** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:**        /        /

**Physicians Name (Please Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date of Examination:**        /        /

## ***Request Form***

This form is not part of the enrollment forms. This is a request page for those items shown below.

**Students Full Name:** \_\_\_\_\_ **Date of Birth:**        /        /

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

***Requests for the following documents need to be submitted in writing and signed by the parent or legal guardian. The records office will need time to process these (walk-ins are not available). Please note that in some cases a fee is required (due with request submission).***

### **DRIVER'S LICENSE or PERMIT:**

We issue the Department of Safety's SF1010 form (this is a triplicate original that cannot be faxed). This form is good for 30 days. The student must be enrolled a minimum of 30 days and our records office must have a copy of his/her birth certificate.

Allow 5 days to have form completed and issued (walk-in requests are not available). First copy is free, additional copies are \$3 each.

**First Copy (Free):** \_\_\_\_\_

**Additional Copy (\$3):** \_\_\_\_\_

**Will pick up copy when ready:** \_\_\_\_\_

**Please mail to above address:** \_\_\_\_\_

### **EMPLOYMENT FORM**

Employment letter for minor students is free. Please complete the following:

**Company Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

### **HIGH SCHOOL TRANSCRIPTS**

Upon request allow for 5 to 7 days to issue. First copy to the parent is free. Certified copies to College (or technical schools, insurance companies, etc.) are \$5 each (or \$10 for students not currently enrolled).

\_\_\_\_\_ First copy to parent: Free

\_\_\_\_\_ Copy to college, university, technical school: \$5 (or \$10 if not currently enrolled).

\_\_\_\_\_ Will pick up copy when ready.

\_\_\_\_\_ Please mail copy to address below:

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### **ID CARDS**

ID cards are issued after enrollment. Any additional cards are \$5 each (allow 2 weeks from request).

Student Card \_\_\_\_\_

Teacher Card \_\_\_\_\_

**Please Note:** Photo copies of any school records (semester reports, curriculum lists, health records, etc.) are .25 per page.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:**        /        /

**Total Amount Included: \$** \_\_\_\_\_

## ***Victory Academy Home-Education Checklist***

- Read all enclosed materials**
- Read books about home education**
- Choose Teaching Materials**

Your choice of teaching materials may make the difference between a year of suffering and an exciting year of learning for both you and your student(s). Please refer to the approved home-school curriculum list on Page 6 which has a list of some local retailers. Take time to visit curriculum stores in your area. **Be sure to fill out and return with your registration forms the curriculum list on page 9.**
- COMPLETE APPLICATION FORMS in their entirety.**

This includes pages 7, 8, 9, 10 (if applicable), 11, and 12
- Include the proper fee amount for your student(s)**

\$50 – First Child  
\$40 – Second Child  
\$30 – Third+ Child

Please make checks payable to: Faith Covenant Church  
Please be certain to include \$55.00 per child if you intend to take your SAT's at Faith Covenant Church
- Mail all applicable forms and fees.**

Victory Academy  
Post Office Box 478  
Springfield, TN 37172

Be certain you make copies for your own records.
- When changing schools, be sure to give written notice to previous school that you are withdrawing your child (even if the change is during the summer). Indicate that you are changing to a church-related school.**
- Begin teaching at home!**

The State of Tennessee requires 180 educational days per year, with 4 hours of instruction of a full school day. However, this does not have to be an undivided block of formal, structured instruction time.
- Keep DAILY records to substantiate your efforts.**

These records could include insights, inspirations, subject, pages, time, field trips, special classes, ideas for future studies, etc. There are many excellent resources for forms to make journaling and record keeping much easier on the internet. Remember, the goal of home education is not completing paperwork but educating and training a child.

We will begin processing applications for the new academic year in June. We encourage you to complete registration early (between June and August 1) so that we can better serve you. You should expect confirmation of enrollment within four weeks of our receipt of your completed application. If you do not receive confirmation, please call our office.

We are here to serve you in excellence. If you have any questions or concerns, please call us.  
Phone: (615) 384-3565  
Fax: (615) 384-3523



Victory Academy  
805 South Main Street  
Springfield, TN 37172  
(615) 384-3565 \* (615) 384-3523 Fax

## Addendum

# Homeschool Reporting Online

Automating Your Record Keeping Needs

Victory Academy has joined Homeschool Reporting Online! This brief summary should explain the benefits of online reporting. The cost to you is \$10.00 per year PER FAMILY! This can be paid with your registration for the 2007-2008 school year or if you are ready to sign up now and get a head start you may contact the office.

**Homeschool Reporting Online** is operated and maintained by a homeschooling family. The father is a Manager of Information Systems and has several years of experience in creating and maintaining database driven web sites.

The vision to create **Homeschool Reporting Online** came from the need for families to maintain critical records for their children and to efficiently and accurately report those records to their school or organization. Record keeping can be one of the most tedious tasks to the homeschooling family. We are committed to making it easy and enjoyable.

### Parents...

- Are you tired of trying to "round up" all your records on reporting day?
- Can't remember where you put your records last week?
- Want record keeping flexibility (classical, eclectic, portfolio, etc.)?
- Tired of having to manually compute hours or days spent?
- Can't remember what textbook you used last year?
- Want to be able to generate a transcript for your student at any time?
- Want an easy way to track daily attendance?
- Want a place to create, store and print lesson plans?

### [Frequently Asked Questions](#)

#### Why should I keep records at all?

Most states have some form of record keeping requirements. The Homeschool Legal Defense Association (HSLDA) maintains [detailed information](#) regarding your state. Since state law is subject to change, it is wise to maintain school records regardless of current requirements. Due diligence is prudent!

## Addendum, Page 2

# Homeschool Reporting Online

### **Can my school or organization view my records?**

If you sign up with a school or organization, they will be able to view your records.

### **How often should I enter my student's information?**

As often as you'd like. States and/or a non-traditional private schools (umbrella schools) have various reporting requirements. Our site is designed to allow reporting flexibility no matter what your state or organization requires.

### **How quickly can I get a copy of my child's transcript?**

Transcripts can be generated at any time by clicking the "Transcript" link under your child's name.

### **I'm teaching a subject that's not on the subject list. How can I add one?**

You may select "Elective" from the subject drop down and specify the title of the elective. If you think the subject should be included in the drop down list, you can request a new subject be added to the list by sending an email to [subjects@homeschoolreporting.com](mailto:subjects@homeschoolreporting.com). Your request will be processed on a priority basis.

### **What happens if I change schools?**

As soon as you change your school (in the "Edit Family Info" page), the new school will have instant access to your records. Only your current school can view your family's records.

### **How do I sign up?**

Via Internet, go to [www.homeschoolreporting.com](http://www.homeschoolreporting.com) and click on the "Sign Up" button. From there follow the instructions. ***MAKE SURE THAT YOU CHOOSE VICTORY ACADEMY IN THE "DROP DOWN LIST OF SCHOOLS"***. This will qualify you for the special price of \$10.00 per family. You will pay that fee you Victory Academy after your thirty day free trial period.