



**ELEMENTARY, MIDDLE AND HIGH SCHOOL  
APPLICATION**

**KINDER THROUGH 10<sup>TH</sup> GRADE**

**FALL REGISTRATION PACKET**

**2021-2022**

**OUR MISSION**

To Honor God by:

- Helping parents to bring up their children to Christ-like character,
- Providing a Christian environment in which every child may grow spiritually, physically, intellectually, emotionally and socially.
- Teaching the Bible as the foundation of genuine education.
- Proclaiming the Good News of Jesus Christ through Bible teaching, Godly example, and community service.

3310 N Ben Jordan St., Victoria, Texas 77901 361-573-5345 361-578-3367 Fax

## VICTORIA CHRISTIAN SCHOOL

### 2021-2022 TUITION

**Registration Fee: 400.00 per student**

#### Tuition Fee:

One Yearly Payment	\$ 3,700.00
Ten Monthly Payments	\$ 370.00 (August through May)
Twelve Monthly Payments	\$ 308.34 (June through May)

Registration Fee is due with Enrollment Form and Tuition Contract  
All Fees and tuition are non-refundable.

\*Tuition is a yearly fee; it may be divided into ten or twelve month payments; or one annual payment.

MONTHLY PAYMENTS ARE DUE ON THE 1<sup>ST</sup> OF THE MONTH.

PAYMENTS ARE DELINQUENT AFTER THE 10<sup>TH</sup> OF THE MONTH AND ARE SUBJECT TO A \$30.00 LATE CHARGE. When an account is past due, and in the absence of a written financial agreement with the administrator's office, the student may be withdrawn. Fee for returned checks is \$35.00.

A 10% DISCOUNT on tuition is available for additional siblings from the same family.  
Daycare for Elementary Students is available.

Daycare hours: 6:45am-6:00pm ( \$1.00 per minute late fee penalty applied starting at 6:01pm for late pick ups).

Daycare Fee: \$155.00 per month (August through May) (Includes: before and after school, and on holidays when school is not in session)

Daycare hourly drop in rate: \$5.00 per hour (half hour minimum)

Payment methods: Cash, Personal Check, and Credit card (3% fee)

Meal Tickets: \$30.00 ( includes 10 lunches with milk) Extra milk \$0.40

Student Lunches: \$3.00 per meal Adult Lunches: \$4.75 per meal

## GENERAL INFORMATION

Victoria Christian School has been in business since 1978 offering quality education at an affordable price. The ABeka curriculum is used in all the classes. It is a Christian based curriculum. The ABeka curriculum offers a strong traditional education that prepares students for the future, both in the collegiate realm as well as in the community.

**School times: 8:00 - 3:00**

Student arriving between 6:45 AM-7:30 AM will go to the 2<sup>nd</sup> grade room until their teacher arrives at 7:30 AM, then they will move to their classrooms.

**Students arriving between 7:30 AM and 8:00 AM will go directly to their classrooms.**

**The Business Office is open Monday through Friday 8:00-5:00.**

Due to COVID precautions no one is eating in the cafeteria currently. They are eating in their classrooms. Parents may bring food to the gate or have it delivered to the gate and it will be delivered to your student's classroom for lunch.

## FUNDRAISING

Students and families will be asked to participate in fundraising events for the school in various ways throughout the school year. Fundraising is a way of purchasing new equipment to improve the school facilities and programs as well as a means to slow the increases on tuition and fees of the school. VCS is supported entirely by tuition and donations in conjunction with fundraising. Extracurricular activities and improvements to the school programs are entirely supported by fundraising.

Opportunities for you to help: Shoparoo, Box Tops, Book Fairs, Spring Flings, Donations, your prayers and participation are essential and greatly appreciated.

## **CAFETERIA**

Meals are prepared here on site in the cafeteria. The hot lunches can be purchased for \$3.00 per meal or on a meal ticket for \$30.00 ( Includes 10 lunches)

If students bring lunches from home please include napkins, plastic wear and a drink.

## **DRESS CODE INFORMATION**

Students are not allowed to wear different coloring in their hair. Students are not allowed to wear strands of different colors in their hair. The boys are not allowed to have excessively long hair and braids are not to be worn by the boys. Man buns are not allowed. Students must be clean shaven in the face and the face is to be free of any hair growth indicating a beard or a moustache.

## **UNIFORMS**

All students must abide by the dress code policy. Black uniform pants or shorts are worn every day except for Friday. Girls may wear black skorts. Blue jeans can be worn on Friday with a school spirit shirt. The blue jeans cannot be torn or frayed. Uniform polo shirts with the school logo, either gray, black or maroon, are worn on Monday, Tuesday, and Thursday. On Wednesday, chapel day, the boys are to wear white dress shirts, with school logo, with a maroon tie and black pants with a belt. The girls are to wear a white button down the front blouse, with school logo, and a maroon cross tie or the white blouse/black sweater combo and long black pants or girls may wear a black skort. Black fleece jackets with the school logo embroidered on the front left upper side can be worn. All uniform apparel can be ordered through [www.frenchtoastschoolbox.com](http://www.frenchtoastschoolbox.com) Orders take approximately three weeks to come in so order early.

## **PE UNIFORMS - MIDDLE SCHOOL ONLY (6<sup>th</sup>-10<sup>th</sup> GRADES ONLY)**

**Grades 6<sup>th</sup>-10<sup>th</sup> only will suit out for PE class. The PE Uniform will be a dark gray t-shirt. The shorts will be long black knee length shorts (basketball shorts). These uniforms can be purchased through Walmart's or Academy. All students will suit out each day for PE. If the days are cold, it is fine to wear black leggings for the girls with shorts on top of the leggings or black jog pants. Boys may wear jog pants instead of the shorts or wear jog pants over their shorts. Part of the grade in PE is for participation and for suiting out each day.**

## **GUIDELINES FOR ADMISSION**

To be considered and approved for admission, applicants who meet the established criteria should have the necessary student records turned in and completed. An interview will be required with the Administrator, prior to acceptance.

Re-enrollment packets are sent to parents of currently enrolled students. Priority is given to those students currently enrolled. Qualified students are then admitted according to classroom availability. New students are considered after the registration fee is received.

Victoria Christian School has high academic standards. Applicants must be academically sound, be able to function in a regular classroom setting, have good conduct record and practice good attendance. We request that a copy of the student's grades and immunization records accompany the application. All immunizations must be up to date by the first day of school for the student to begin school. Previous school records, transcripts and behavioral records will be a part of the evaluation criteria for admission to the school.

If a student is declined admission due to not meeting admission criteria, then a refund will be made on the registration fee paid. However, if a student is accepted and the parents decline acceptance, the registration fee will not be refunded.

Final decisions on admissions will be made by the administrator.

Victoria Christian School  
Payment Contract 2021-2022

Name of person responsible for Payment \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ X \_\_\_\_\_ #of children = \$ \_\_\_\_\_

Student Name(s)	Grade	Yearly Tuition
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1. _____		\$ _____
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2. _____		\$ _____ *
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3. _____		\$ _____ *
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Total Yearly Tuition \$ \_\_\_\_\_

Payment Options:

\_\_\_\_\_ I would like 10 monthly payments beginning August 1, 2021 ending May 1, 2022

\_\_\_\_\_ I would like 12 monthly payments beginning June 1, 2021 ending May 1, 2022

\_\_\_\_\_ I would like after-school care added at an additional \$155.00 per student per month\* beginning August 1, 2021 ending May 1, 2022

Payment Methods: \_\_\_\_\_ Cash \_\_\_\_\_ Personal Check \_\_\_\_\_ Credit Card (3% fee)

Parents are responsible for their student's full tuition at all times regardless of attendance.

(Including holidays, spring break, vacation, etc.) Registration fees are nonrefundable.

Uncollected accounts that have not abided by the payment arrangement plans will be referred to collections.

I agree to abide by this payment schedule and will inform the office in writing if changes are to be made to this agreement.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\* Ten percent discount on additional siblings on tuition and monthly after-school fees

Enrollment Date: \_\_\_\_\_

For Office Use:

Date: \_\_\_\_\_

Registration Paid \_\_\_\_\_

**VICTORIA CHRISTIAN SCHOOL ENROLLMENT RECORD 2021-2022**  
**3310 N BEN JORDAN ST., VICTORIA, TX 77901 361-573-5345**

Student's name \_\_\_\_\_ Grade Level for 2021-2022 \_\_\_\_\_

Address \_\_\_\_\_

City /State/ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Home address if different from above \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Home address if different than above \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_

Parents' Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

If Parents are separated or divorced, who has legal custody of the student?

\_\_\_\_\_



Church Affiliation: \_\_\_\_\_

Siblings Names and ages \_\_\_\_\_

How did you hear about Victoria Christian School? \_\_\_\_\_

Reason for selecting Victoria Christian School? \_\_\_\_\_

**PERSONS APPROVED TO PICK UP YOUR STUDENT:**

(Student will not be released to anyone without specific permission from parents.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize representatives of Victoria Christian School to give consent for any and all necessary emergency medical care for my student while he/she is in said individual's care and custody.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Parents' Signature

\_\_\_\_\_

Date

**PERSONS TO CALL IN EMERGENCY IF PARENTS ARE NOT AVAILABLE:**

Name

Phone Number

Address

Relationship

\_\_\_\_\_

\_\_\_\_\_

**FOR EMERGENCY ATTENTION CALL:**

Doctor or clinic \_\_\_\_\_

Name

Address

Phone

Hospital preference\_\_\_\_\_

Are any medications given on a regular basis?\_\_\_\_\_

Is your student allergic to any medications?\_\_\_\_\_

Has your student been hospitalized within the last 12 months?\_\_\_\_\_

Has your student had any surgeries? \_\_\_\_\_ If so , what years were those surgery and what type of surgery was it?\_\_\_\_\_

Does your student have an existing illness?\_\_\_\_\_

Has there been any previous serious illnesses?\_\_\_\_\_

Are there any medical diagnosis?  
\_\_\_\_\_

Are there any emotional diagnosis?  
\_\_\_\_\_

Are there any behavioral issues that occurred at the previous school? \_\_\_\_\_

If so, please attach school records of the behavioral incidents.

Has your student ever been dismissed from a school? \_\_\_\_\_ If so, what was the reason?\_\_\_\_\_

Has your student ever been suspended from a school? \_\_\_\_\_ If so, what was the reason?\_\_\_\_\_



VICTORIA CHRISTIAN SCHOOL  
SECURITY SYSTEM

Name of Parent: \_\_\_\_\_

Name of Student/Students: \_\_\_\_\_

\_\_\_\_\_

Please provide a four digit code of your choice that does not start with a zero.

\_\_\_\_\_

Please provide an alternate number if your 1<sup>st</sup> choice is not available (that does not start with a zero).

\_\_\_\_\_

To access the gate, enter the four digit code and then press the # key.

MEDICAL RECORD  
Victoria Christian School

A health examination is required of all students admitted to Victoria Christian School.

I have examined \_\_\_\_\_  
Student's Name                      Date of Birth

And find that he/she is free of infectious and contagious diseases.

Please note any allergies or special diets, disabling conditions, physical or mental, affecting the student's participation in group activities.

\_\_\_\_\_  
Physician's Signature                      Date

PLEASE ATTACH A COPY OF THE IMMUNIZATION RECORD SIGNED OR STAMPED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL.

Immunizations need to be up to date in order for a student to be admitted to the school.