

# Valley Christian Academy

301 W. Whyte Avenue  
Roseville, CA 95678  
916/728-5500

**PLEASE READ CAREFULLY. THIS IS A LEGAL AND BINDING CONTRACT.**

**PRIVATE SCHOOL TUITION**

Contract date: \_\_\_\_\_

**REGISTRATION FEE PER STUDENT**

**(Non-Refundable)**: \$75 – Before May 31  
\$125 – After May 31

**BOOK USER'S FEE PER STUDENT** (Book User's Fee does NOT include costs of "LifePacs, Paces, or Switched on Schoolhouse" materials if they are needed by a student. These are extra if needed during the school year.)

**(Non-Refundable)**: Preschool - \$125 Before August 1 / \$150 After August 1  
K5 - \$175 Before August 1 / \$200 After August 1  
6<sup>th</sup> – 12<sup>th</sup> Grade - \$200 Before August 1 / \$225 After August 1

Mandatory Achievement Testing in spring of each year - K5 through 11<sup>th</sup> grade - Cost TBA  
Your account will be billed in February 2011.

This agreement covers the tuition of:

\_\_\_\_\_  
(Student's Name)

**Enrollment for the 2010/2011 school year in grade:** \_\_\_\_\_

<u>K4</u>	<u>K5</u>	<u>1<sup>st</sup>-5<sup>th</sup></u>	<u>6<sup>th</sup>-8<sup>th</sup></u>	<u>9<sup>th</sup>-12<sup>th</sup></u>
One Student See Preschool Handbook	One Student	One Student	One Student	One Student
	\$3,450	\$4,050	\$4,250	\$4,650

*(Ten percent discount for each additional child) (There is **no discount** for paying tuition all at once instead of 10-monthly payments.)* **PLEASE ALSO NOTE THAT YOU CAN USE YOUR CREDIT CARD TO PAY ON YOUR ACCOUNT; HOWEVER, WE WILL CHARGE YOU AN ADDITIONAL 2% ON THE AMOUNT YOU ARE PAYING EACH TIME IT'S USED TO COVER THE FEE THAT WE ARE CHARGED BY OUR PROCESSING COMPANY.**

I agree to pay the annual tuition amount of \_\_\_\_\_ (dollars) in ten monthly installments of \$\_\_\_\_\_ each. The first installment is due September 1, 2010 and the last monthly installment is June 1, 2011. **PAYMENTS ARE DUE NO LATER THAN THE 5<sup>TH</sup> OF EACH MONTH.**

I also agree to pay a \$20 late fee if the payment is made after the 5<sup>th</sup> day of the month.. If a check does not clear my account, I understand there will be a service charge of \$25 per check. I also understand that the registration fee and book user's fee are NON-REFUNDABLE (no exceptions).

I also understand that if my child is pulled from Valley Christian Academy during the school year ***I must give a 30-day written notice*** and that I will be charged tuition from the date of the notice received in VCA's office through the end of the 30 days. Thereafter, the remainder of the school year's tuition is not due. If my child has attended any day of a given month, the full month's tuition is due and will not be refunded. **NO REFUNDS ON TUITION THAT HAS BEEN PAID TO VALLEY CHRISTIAN ACADEMY FOR THE DAYS/MONTHS ATTENDED.**

I further understand that if my account falls 60 days over due and I have not set up payment arrangements with VCA's office to bring my account current, my child will be dismissed from VCA and my account will be automatically transferred to a collection agency for collection assistance. Should this be necessary a service charge of \$20 will be added to my account.

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian & Date

\_\_\_\_\_  
Signature of VCA official & Date

**VALLEY CHRISTIAN ACADEMY**  
**301 W. Whyte Avenue, Roseville, CA 95678**  
**(916)728-5500 – (fax) 721-3305**

<u>Fee*</u>	<u>Description</u>	<u>Amount</u>
Registration** Preschool – 12	Annual fee for returning/incoming students due at the time of enrollment	\$75 by May 31st – per student \$125 after May 31st – per student \$50 per child if enrolling 3 or more
Book Fee – Preschool**	Annual book user fee for returning/incoming students	\$125 by August 1st \$150 after August 1st
Book Fee – K-5**	Annual book user fee for returning/incoming students	\$175 by August 1st \$200 after August 1st
Book Fee – 6th – 12th**	Annual book user fee for returning/incoming students	\$200 by August 1st \$225 after August 1st
STAN 10 Testing – K-11th**	Stanford 10 achievement testing done each spring	approximately \$35
P.E. Clothes – 6th-12th**	Students are required to wear V.C.A. gym clothes (t-shirt & shorts) for P.E. classes.	\$17.50 for shirt or short \$35 – for the set
Locker Fee – 9th-12th**	Annual fee paid at the time locker is assigned (lock provided)	\$15
Athletic Fees**	Fees paid for <u>each</u> sport played. Amount varies by grade and number of sports in which each student is involved annually	\$75 - \$200 depending on sport
Field Trip/ Class Activity Fees**	Fees charged at all grade levels for class organized field trips/ activities	Varies by trip/activity
Yearbooks **	Student yearbooks are available for the elementary/middle school and high school (costs are subject to change without notice depending on production costs)	Elementary/Middle School - \$45 High School - \$55 by March 2nd \$65 after March 2nd
Graduation Fee – K-5, 8th & 12th grade**	Fee for each graduate to cover cap & gown, diploma, diploma cover, and decorations for graduation ceremony (no cap & gown for 8th grade)	K-5 - \$25 for cap & gown 8th grade - \$50 12th grade - \$200
Art Fee - Preschool – 6th**	Fees paid per student per class to cover the cost of arts and crafts in the classroom, due start of school paid to directly to the teacher	Preschool - \$25 1st-5th – see school supply list 6th - \$25
After School Care** – K- 5th	Fee paid for after school care services – if a child is not picked up after school by 3:15 they will signed into daycare	\$4.50 an hour – billed to account the month after use

\* Please Note: This list is provided as a general guide to help parents/guardians anticipate cost they may incur during the school year. This list is not intended to be all-inclusive.

\*\* Please: Note: These fees are non-refundable

**Payment Information**

- \* Preschool – 12th grade tuition is billed on a monthly basis beginning September 1 and ending June 1st.
- \* Those enrolling after September 1 will need to pay registration, book fee, and first month's tuition upon enrollment.
- \* Any student enrolling between the 1st -15th of any month must pay the full month's tuition. Those enrolling after the 15th of any month will have their tuition prorated.
- \* A \$20 late fee will be added to any account not paid in full by the 5th of each month, whether you receive a statement or not.
- \* Monthly billing statements are sent only to accounts that are not current and have a balance on them. You may request a copy of your billing statement at any time through the V.C.A. office.
- \* A \$25 fee will be charged to your account for each check or bank card payment returned by the bank for any reason.
- \* Re-payment of returned checks must be made by cash, cashier's check or money order.
- \* Those making payments by credit card will be charged an additional 2% on the amount you are paying to cover the processing fee
- \* No refunds are given on paid tuition that has been paid to Valley Christian Academy for the days/months attended.
- \* **WITHDRAWAL FROM VALLEY CHRISTIAN ACADEMY-** If it becomes necessary to withdraw a student from Valley Christian Academy, a 30 day written notice is required. For withdrawal of any student(s), it is the parents/responsible party of the account must: 1) Complete and sign a withdrawal form, 2) Bring tuition account current to a \$0 balance owed.

If any account falls 60 days over due and the parent/responsible party for the account has not set up payment arrangements with VCA's office to bring the account current, the student(s) will be dismissed from VCA and the account will be automatically transferred to Legal Recovery collection agency for collection assistance. Should this be necessary a service charge of \$20 will be added to the account.

**Please note that report cards are not distributed if there is an outstanding balance due on your account. If accounts of graduating 8th grade and 12th grade students are not brought to a \$0 balance, they will not be allowed to participate in the graduation ceremonies.**

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

Valley Christian Academy  
301 W. Whyte Avenue  
Roseville, CA 95678

**Identification & Authorization**

**To be completed by Parent or Guardian:**

**First day of attendance:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

**Full name of child:** \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Home Address : \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone : \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Last Attended Address: \_\_\_\_\_ Ciy: \_\_\_\_\_

Parent/s are: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

**Person/s responsible for bill:** \_\_\_\_\_

**Person/s responsible for bill signature:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License # : \_\_\_\_\_

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

**Mother/Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License # : \_\_\_\_\_

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

**Additional persons whom may be called in an emergency:**

Name Address Telephone Relationship

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**Physician to be called in case of an emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Medical Plan & Number : \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_

**Dentist to be call in case of an emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Dental Plan & Number : \_\_\_\_\_

Dental Plan Name: \_\_\_\_\_

If Physician cannot be reached, what action should be taken?

/ / Call Emergency Hospital/ Ambulance / / Other – Explain

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Is your child receiving medication? / / Yes / / No

Do you give Valley Christian Academy permission to give prescribed medication if needed?

/ / Yes / / No

My Child may be taken on field trips or excursions by bus or private vehicle under proper supervision.

/ / Yes / / No

**Names of persons authorized to take child from Valley Christian Academy**

Name Relationship Telephone

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**VALLEY CHRISTIAN ACADEMY**

301 W. Whyte Avenue, Roseville, CA 95678  
(916)728-5500 – (fax) 721-3305

**CHURCH AFFILIATION**

Name of local church you attend: \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Do you attend: Weekly? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Student: Christian? Yes \_\_\_ No \_\_\_

Father/Guardian: Christian? Yes \_\_\_ No \_\_\_ Mother/Guardian: Christian? Yes \_\_\_ No \_\_\_

How did you learn of VCA: Sign \_\_\_ Yellow Pages \_\_\_ Website \_\_\_ Other \_\_\_\_\_

**PHOTOGRAPHS/VIDEOTAPES**

**I release Valley Christian Academy to photograph and/or videotape my child while participating in daily activities, and to use the photograph and/or videotape on photograph displays or other publication showing these daily activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/ Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/ Guardian

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I give my permission for \_\_\_\_\_ to take part in all school activities including sports and school sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Valley Christian Academy and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

As the parent or authorized representative, I hereby give consent t Tabernacle Baptist Church & Valley Christian Academy, 301 W. Whyte Avenue, Roseville, CA, to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for \_\_\_\_\_  
Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child/student named above.

\_\_\_\_\_ (Child/Student) has the following medication allergies and/or allergies:

_____	_____	_____
Date	Parent or Authorized Representative Signature	
_____	_____	_____
Home Address	City	Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone



**PARENT QUESTIONNAIRE**

Student's Name: \_\_\_\_\_

The following information is needed for the school records and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing 'none' in spaces not relating to you we know you have not omitted anything.

Please give any information concerning your child which will be helpful in his/her experience in school: \_\_\_\_\_

Has the student had any scholastic difficulties in school?  No  Yes  
If applicable, include any information about having to repeat any grades or academic expulsion:  
\_\_\_\_\_

Has the student had any disciplinary difficulty in school?  No  Yes  
If yes, please explain: \_\_\_\_\_

Has the student ever been suspended or expelled from school for disciplinary reasons?  No  Yes - If yes, please explain: \_\_\_\_\_

Has the student had any involvement with drugs, smoking or alcoholic beverages?  No  Yes - If yes, please explain: \_\_\_\_\_

Has the student ever had any trouble with the law or school authorities?  No  Yes  
If yes, please explain: \_\_\_\_\_

Has the student ever been absent for a long period of time or been turned over to an attendance committee?  No  Yes - If yes, please explain: \_\_\_\_\_

Does the student have any physical, emotional or other problems that may affect attendance or behavior?  No  Yes - If yes, please explain: \_\_\_\_\_

Check each illness your child has had:

// Measles    // German Measles    // Mumps    // Chicken Pox  
// Whooping Cough    // Scarlet Fever    // Other \_\_\_\_\_

Allergies or other serious problems :  
\_\_\_\_\_  
\_\_\_\_\_

Are the problems serious enough to restrict your child's activities: // Yes    // No

Explain: \_\_\_\_\_  
\_\_\_\_\_

List other children in household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

List other adults in household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Please state the child's special interests, skills or hobbies: \_\_\_\_\_  
\_\_\_\_\_

Is it likely the student will attend VCA for a full year?  Yes  No

Student's name: \_\_\_\_\_

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

Dear Parent:

If your student has asthma, please complete the appropriate section below and return it to the office so we will have more complete information.

If your child needs to take medication at school, including an inhaler, please complete this form and return it to the office before school begins.

Thank you,

Kathy Gunter, Registrar/Office Manager  
Valley Christian Academy

### ASTHMA

Check the appropriate space:

- \_\_\_\_\_ Mild: Seldom as an episode. Student does not need medication.
- \_\_\_\_\_ Moderate: Occasional episodes. Student needs medication for episodes only.
- \_\_\_\_\_ Severe: Frequent episodes. Student requires medication every day.

Check the appropriate spaces.

- \_\_\_\_\_ I do not want my child to have medication at school.
- \_\_\_\_\_ I want medication kept at school in case of an episode.\*\*
- \_\_\_\_\_ I am to be called if my child has an episode at school.
- \_\_\_\_\_ Asthma occurs at all times of the year.
- \_\_\_\_\_ Asthma occurs only in the \_\_\_\_\_ (time of year).
- \_\_\_\_\_ There are no limitations on my child's activities.
- \_\_\_\_\_ Activity and/or physical education needs to be limited. (A note from the doctor is needed in \_\_\_\_\_ this case.)

Other important information about my child's asthma condition includes:

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

\*\*NOTE: Asthma medication cannot be given at school without an MD order with instructions for usage and written parental permission. (Alternately, parents may come to school to administer medication.) Medication to be taken at school must be brought to the following in the original prescription container. A child may keep an asthma inhaler on his/her person if the MD so orders and if the child is responsible.

- a. Preschool through 8<sup>th</sup> grades: Please give medications w/MD order/instructions and written parental permission to individual teachers to be locked up and administered.
- b. High school: Please give medications w/MD order/instructions and written parental permission to receptionist at the office to be locked up and administered.

**TEACHER INFORMATION CARD**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age ( ) Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Any physical difficulties \_\_\_\_\_

Any emotional difficulties \_\_\_\_\_

Last school attended \_\_\_\_\_

Circle grades previously attended at our school: K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Grades have been: Superior ( ) Above average ( ) Average ( ) Below average ( ) Has child failed? ( )

Name and grade of other children attending our school \_\_\_\_\_

Church you now attend \_\_\_\_\_ Attend S.S. ( )

Father's name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

If parents are separated, with whom does child reside? \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Additional information that would be helpful to the teacher \_\_\_\_\_

Allergies: \_\_\_\_\_

Transportation home: Walk ( ) Parent's car ( ) After-school care ( ) ( ) Car Pool; If so, with whom and what days: \_\_\_\_\_ Other: \_\_\_\_\_

**Please note** - Preschool thru 3<sup>rd</sup> grades - after school - teacher will wait until 3:15 p.m. with your child; after 3:15 p.m. and there's no authorized person to pick up your child, he/she will be placed in after-school care; *no exceptions*; this is for safety purposes.

**STUDENT QUESTIONNAIRE**

*(To be filled out personally by the student applicant - 6<sup>th</sup>-12<sup>th</sup> grade only)*

1. Full name: \_\_\_\_\_ Nick name: \_\_\_\_\_

2. Is it your personal desire to attend Valley Christian Academy? \_\_\_\_\_

3. What aroused your interest in attending VCA? \_\_\_\_\_

4. List any friends you have who have or are now attending VCA? \_\_\_\_\_

5. Where do you attend church? \_\_\_\_\_

6. How often do you attend? \_\_\_\_\_

7. Do your closest friends attend church regularly? \_\_\_\_\_

8. What are some of your interests or favorite activities? \_\_\_\_\_

9. Have you won any special prizes or awards in school (or anyplace else) or received special recognition for some accomplishment? \_\_\_\_\_ If yes, what? \_\_\_\_\_

10. What are some of your favorite subjects in school? \_\_\_\_\_

11. Are there any school subjects you consider a waste of time? \_\_\_\_\_

12. Have you ever been absent from school for a long period of time? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

13. If you are familiar with VCA's rules, are there any you wish could be changed? \_\_\_\_\_ If yes, which rules and why? \_\_\_\_\_

14. Are you willing to abide by the rules as they are? \_\_\_\_\_

15. What is your definition of a Christian? \_\_\_\_\_

16. Are you a Christian? \_\_\_\_\_ If yes, when and how did you become a Christian? \_\_\_\_\_

17. Write a brief statement as to what you believe about the Bible and the Christian faith:

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

Student's signature: \_\_\_\_\_

**PERSONAL REFERENCE FORM**

**Grades: 6th through 12th Only**

**Valley Christian Academy  
301 W. Whyte Avenue, Roseville, CA 95678**

Applying for grade: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to Valley Christian Academy. In order for us to properly evaluate the applicant, please answer the following questions to your best knowledge. Your comments will be held in the strictest confidence. Please mail the completed form to the above address.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant; e.g., teacher, principal, family, friend, pastor:  
\_\_\_\_\_

Do you know of any honors or unusual achievements received by the applicant? If so, Please list them:  
\_\_\_\_\_

How much supervision do you think the applicant needs?

Constant \_\_\_\_\_ Frequent \_\_\_\_\_ Occasional \_\_\_\_\_ Minimal \_\_\_\_\_

Among students you have known, how would you rank the applicant academically?

Upper 10% \_\_\_\_\_ Upper 25% \_\_\_\_\_ Average \_\_\_\_\_ Lower 25% \_\_\_\_\_ Lower 10% \_\_\_\_\_

**Please place a check in the appropriate space after the statement:**

General Personality	_____ Superior	_____ Good	_____ Average	_____ Poor
Character and Integrity	_____ Superior	_____ Good	_____ Average	_____ Poor
Emotional Stability	_____ Superior	_____ Good	_____ Average	_____ Poor
Manners	_____ Superior	_____ Good	_____ Average	_____ Poor
Sociability	_____ Superior	_____ Good	_____ Average	_____ Poor
Resourcefulness	_____ Superior	_____ Good	_____ Average	_____ Poor
Cooperativeness	_____ Superior	_____ Good	_____ Average	_____ Poor
Leadership Qualities	_____ Superior	_____ Good	_____ Average	_____ Poor

**Please check the applicant's primary interests:**

Artistic \_\_\_\_\_ Intellectual \_\_\_\_\_ Religious \_\_\_\_\_ Athletic \_\_\_\_\_  
Literary \_\_\_\_\_ Drama \_\_\_\_\_ Musical \_\_\_\_\_ Social \_\_\_\_\_  
Other: \_\_\_\_\_

Please make any additional comments you feel might be of interest or value:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**RACE/ETHNICITY AND DISABILITY SURVEY  
FOR VALLEY CHRISTIAN ACADEMY**

All prospective students are asked to complete this form for record keeping purposes, program planning and statistical reports. However, submitting this information is **optional**. Your responses are voluntary and will be kept confidential. Refusal will not subject you to any adverse treatment in the admissions process.

Name in Full \_\_\_\_\_  
Last (Family) First Middle

When do you plan to begin enrollment? Year \_\_\_\_\_

**RACE AND ETHNICITY SURVEY**  
(Please answer all three questions)

1. Are you an international student? \_\_\_\_\_Yes \_\_\_\_\_No

2. Which race do you consider yourself to be? (Please check one.)

\_\_\_\_\_ White

\_\_\_\_\_ Black, African American

\_\_\_\_\_ American Indian. Please print the name of the enrolled or principal tribe:

\_\_\_\_\_ Eskimo

\_\_\_\_\_ Aleut

Asian or Pacific Islander

\_\_\_\_\_ Chinese

\_\_\_\_\_ Asian Indian

\_\_\_\_\_ Filipino

\_\_\_\_\_ Samoan

\_\_\_\_\_ Hawaiian

\_\_\_\_\_ Guamanian

\_\_\_\_\_ Korean

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ Japanese

\_\_\_\_\_ Other API. Please print the name of the other API group: \_\_\_\_\_

3. Are you or are you not of Spanish/Hispanic origin? (Please check one.)

\_\_\_\_\_ No, not Spanish/Hispanic

\_\_\_\_\_ Yes, Puerto Rican

\_\_\_\_\_ Yes, Mexican American, Chicano

\_\_\_\_\_ Yes, Cuban

\_\_\_\_\_ Yes, other Spanish/Hispanic. Please print name of other Spanish/Hispanic group:  
(For example, Salvadoran, Spaniard, Argentinian, etc.)

**DISABILITY SURVEY**

Do you have a physical, sensory or mental impairment which substantially limits one or more life activities? (e.g.: walking, seeing, hearing, breathing and learning)

\_\_\_\_\_ No \_\_\_\_\_ Yes: Please describe \_\_\_\_\_

VALLEY CHRISTIAN ACADEMY  
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ATHLETIC DEPARTMENT  
**QUESTIONNAIRE FOR V.C.A. STUDENTS**

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (s): \_\_\_\_\_

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

Please check the sport(s) you are interested in:

**HIGH SCHOOL**

<u>Fall</u>		<u>Winter</u>	<u>Spring</u>
(Boy) Football _____	(Boys) Basketball _____	(Boys) Baseball _____	
(Girls) Volleyball _____	(Girls) Basketball _____	(Girls) Softball _____	
Cheer _____	Cheer _____	(Coed) Golf _____	

**MIDDLE SCHOOL**

<u>Fall</u>	<u>Winter</u>
(Girls) Volleyball _____	(Boys) Basketball _____
Cheer _____	(Girls) Basketball _____

1. Did you participate in school sports last year other than at Valley Christian Academy? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, what school? \_\_\_\_\_

2. What sports? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**If you are a transferring high school student to Valley Christian Academy from another high school and are interested in playing sports, you will need to complete CIF paperwork and submit it to the V.C.A. office.**

**Any questions about eligibility, please call the office: 916/728-5500**

**~GO LIONS ~**



**Valley Christian Academy**  
Home of the Lions

**Dr. Brad Gunter, Administrator**  
**Chris Crowe, Principal**  
**Brad Gunter, Jr., VP/AD**  
**Phone: 916/728-5500**  
**Fax: 916/721-3305**

**REQUEST FOR CUMULATIVE RECORD**

_____	_____	_____
Student's last name	First Name	Middle Name
_____	_____	
Date of Birth	Grade	

The above-named student is enrolled in the school named above. Please forward the cumulative record, health records and a complete official transcript of the student's grades in accordance with the California State Education Code, Division 4, Part 27, Section 49608: "Whenever a pupil transfers from one school district to another or to a private school.....the pupil's permanent record shall be transferred upon request...." Transfer shall not be delayed pending payment of fines.

Please include Special Education records if applicable.

_____	_____	_____
Registrar	Date	Request #
916/728-5500, ext. 21		

Please fax the following item(s) immediately:

- \_\_\_\_ 1) Copy of transcript
- \_\_\_\_ 2) Check-out/withdrawal grades

Mail to: 301 W. Whyte Ave.  
Roseville, CA 95678  
Attn: Registrar

**301 W. Whyte Avenue, Roseville, CA A95678**

# **VCA Family Service Plan**

## **Time, Talent & Treasure lead to Rewards & Achievement**

Valley Christian Academy relies on your help to provide our children with the best education possible. Research shows that children whose parents are involved in their school do better academically. Fund raising projects provide us an opportunity for teamwork in helping the school reach our goals and objectives as well as an atmosphere for the development of family bonding and camaraderie.

In order to achieve the above purposes and in an effort to keep tuition as low as possible, VCA is announcing a new "Family Service Plan" wherein every family must assume the responsibility of contributing to Valley Christian Academy Family Service Plan according to both the Financial and Service Hour Commitments.

### **1. Financial Commitment**

Agreement to contribute a minimum of \$120 through selling Candy Bars which is our only mandatory fund raiser. (\$60 buy-out alternative option.)

### **2. Service Hour Commitment**

Annual agreement to volunteer a minimum of 30 hours. Each family should account for all service hours performed and submit the total number of hours served to the school office in order to be credited to the family service plan. Service hours may be recorded on the form provided. The final date to submit service hours for each school year will be April 30.

### **Additional Information**

- The accumulation of service hours will be on a school year basis, from September of the current school year through April of the following school year. Any hours accumulated after April 30 will be applied to the service contract for the following year. Any hours earned after April 30, but before the close of school may be submitted prior to school closing in June.
- If a family does not meet the minimum fundraising requirement (\$120), the difference will be added to the November tuition bill.
- If a family does not meet the minimum service hour requirements (30 hours), the difference will be added to the May tuition bill at a rate of \$10.00 per hour.

Additional hours does not equate to a reduction in tuition.

# What Counts As Service Hours

All labor volunteered will be credited hour for hour unless indicated. Donated goods/materials will be credited as noted below.

## Labor (hour for hour)

- Attend Back to School Night
- Field trip chaperone/driver
- Athletic event assistance/driver
- Athletic coaching
- Facility Maintenance
- Lion Pride Booster Club Activities
- Annual Golf Tournament Event
- Classroom sponsor / volunteer
- Booster committee chair
- Working concession stand for athletic program
- Helping with school events

## Donated Goods/Materials - all one hour credit unless noted

- Baked goods/food for various activities
- Donations for the *Booster Club* Dinner/Auction
- Silent/Live auction and Raffle item donations
- Providing items for classroom support
- Providing items for concession stand for athletic events

Please contact school office to receive credit if you have contributed in a way that is not listed above.

# Recording Service Hours and Fundraising \$

Complete the attached form to document your Family Service Hours.

