

# **Valley Christian Academy International Student Packet**



*"Over 35  
Years of Academic Excellence"*

301 W. Whyte Avenue  
Roseville, CA 95678  
916/728-5500  
[www.vcalions.org](http://www.vcalions.org)



## *Valley Christian Academy*

### **Mission Statement**

Valley Christian Academy (VCA) provides excellence in education in a nurturing, Christ-centered, and grace-oriented environment. Our mission is to challenge and to become equipped to be loving, responsible adults who will have a positive impact upon themselves, their families, their community, and our beloved Lord.

### **VCA Staff**

The key element in our quest for academic excellence is the teacher. All teachers meet, or exceed, the requirements for WASC (Western Association of Schools and Colleges).

### **Traditions**

The colors for Valley Christian Academy are maroon, black, and white. The Lion is the emblem of VCA. This emblem was chosen with Proverbs 30:30 in mind: “A lion which is strongest among beasts, and turneth not away for any”.

### **Accreditation**

VCA has full accreditation by the Western Association of Schools and Colleges (WASC).

### **Admission**

Admission to VCA is a privilege. The school’s policy regarding admission is “Open Enrollment.” VCA admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school.



# *Valley Christian Academy*

## **History**

Valley Christian Academy blossomed out of a tiny idea to positively affect the world community through strong, well-rounded and principle-driven education. History teaches us that learning from the past anchors our future generations in wisdom. VCA exemplifies such wisdom having been established in 1979 by Tabernacle Baptist Church in Roseville, CA as a pre-K to 12<sup>th</sup> grade school. The founding pastor, Dr. Brad Gunter, believed schools were not to be stale, rather to be greenhouses producing vibrant, healthy students for the development of future generations.

## **Today**

VCA thrives with a growing preschool to high school for the purpose of producing hard working, knowledgeable, wise, and problem solving young men and women. With a strong alumni base, teacher training, parent counseling, gracious student life, competitive athletics, tremendous office staff and a bright future, VCA consistently places students into all levels of nationwide colleges, universities, careers and military.

## **Academics**

The Western Association of Schools and Colleges (WASC) confirmed VCA as an accredited school effectively preparing students for future education in colleges and universities. WASC provides an extensive review and continual support for the school's general improvement.

A student learning only knowledge is not truly a student, but a student using learned knowledge through character to serve their community is a true student of their teacher and prepared for life.

## **Leadership**

Focused, faithful and friendly begin to describe the quality of leaders serving the VCA families and students. Leaders maintain the mission and vision of the school through extensive formal education and growing long-term experience.

## **Student Life**

Academics used as a vehicle for life change creates a strong, long-lasting foundation for the student's years after school. Community and relationships are kept in focus for students to understand the relationship between academics and life, creating a family atmosphere. Formative education assists students to serve, love, and enjoy those around them post-school, such as co-workers, spouse, children and those in need.

## **Athletics**

VCA's heritage of instilling character through teamwork provides an enduring and elaborate athletic program. VCA sports have proven to sharpen student's skills, wisdom and character for ongoing education and providing athletic scholarships in colleges and universities. Boys and girls sports opportunities narrowly begin in elementary to broadly extend into the high school (football, volleyball, basketball, baseball, softball, golf).

VCA is registered with NCAA and NAIA college athletic clearinghouses for those students advancing to play athletics at the college level. VCA staff provides guidance and information to all students looking to play sports at the college level.

## **International Students**

VCA has been approved by the Department of Homeland Security and SEVIS to issue non-immigrant student I-20 visas.

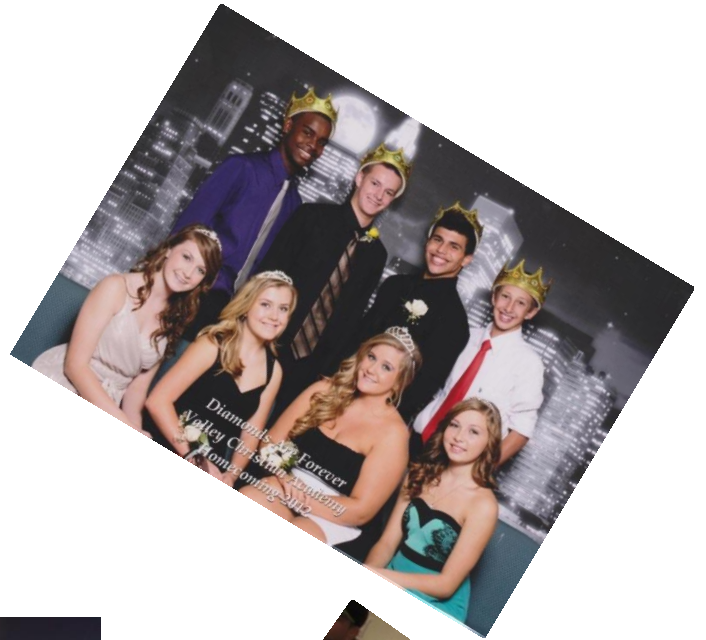
The process of applying to become a VCA international student is listed later in this information packet. The list includes pricing, fees, application forms, and all required documentation at the time of application.



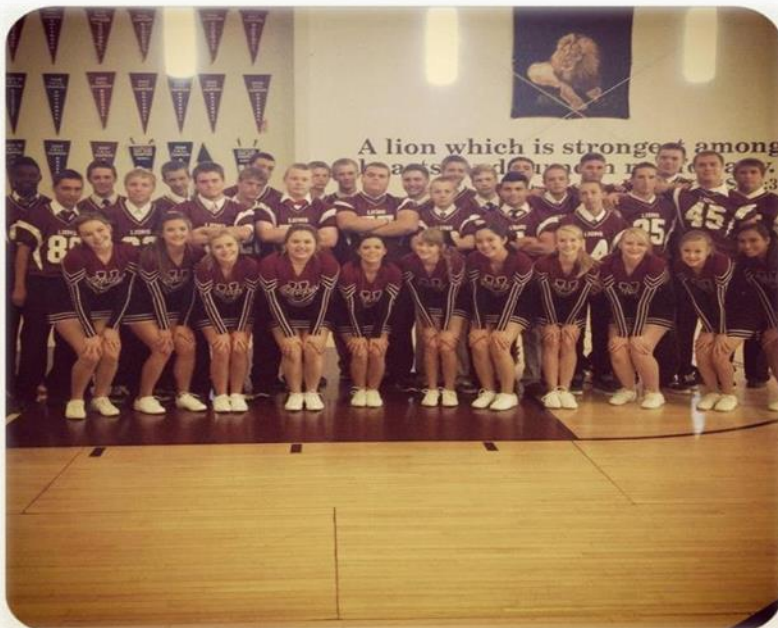
### Valley Christian Academy Graduates Choice of College 2016-2018

<u>College Name</u>	<u>Scholarship Awarded</u>
American River College	
Arizona State University	\$40,000
Azusa Pacific university	Football Scholarship x 2 Students
Bethany College	Golf & Baseball Scholarship
Biola University	\$25,000 & \$25,000
Butte College	
Cal Baptist	
Cal Poly – San Luis Obispo	
California State University Sacramento	Baseball
Concordia College	\$25,000
Consumnes River College	
Dakota Wesleyan College	
Duquesne University	Full Ride –Basketball Scholarship
Eastern Nazarene College	\$32,000 & \$32,000
Fresno Pacific University	
George Withe College	
Greenville College	Football
Heald College	
Iowa State University	
Liberty University	Academic & Baseball
Mendocino Junior College	
Menlo College	\$11,000 Academic & \$11,000 Athletic
Pepperdine University	
Point Loma Nazarene University	
Prairie Bible College	
San Diego Christian College	Baseball
S.F. Art Institute	
Sierra College	
Simpson College	Baseball & Basketball
Southwestern Assemblies of God University	Basketball, Academic, Music, Fine Arts, & Gold Medal
St. Mary's	
Stanford	
The Master's college	
Trinity Life Bible	
University of California - Berkeley	
University of California – Davis	
University of California – Santa Barbara	
University of Texas - Houston	
University of Alabama	
University of Nevada - Las Vegas	
University of the Pacific	
US Air Force Academy	
Vanguard University	
Ventura Junior College	
William Jessup University	\$36,000 & \$7,000 academic

# *Valley Christian Academy* CAMPUS LIFE



# Athletics



# Facilities





## *Valley Christian Academy*

301 W. Whyte Avenue

Roseville, CA 95678

916/728-5500

[www.vcalions.org](http://www.vcalions.org)

### **International Student Enrollment Packet**

We would like to thank you for your interest in enrolling your student(s) at Valley Christian Academy. The following is a check list of information and paperwork that VCA requires at the time of applying for International Students.

#### **Check List for Students**

- \_\_\_ 1) Completed VCA enrollment packet.
- \_\_\_ 2) Both parent/guardian and student must read and sign the VCA High School Handbook.
- \_\_\_ 3) If your child is entering into the 9<sup>th</sup> grade, a copy of their 8<sup>th</sup> grade report card. (translated in English if applicable).
- \_\_\_ 4) If your student is transferring from another High School, a copy of their complete high school transcript (translated in English if applicable).
- \_\_\_ 5) A copy of student's birth certificate and current immunization records. (translated in English if applicable)
- \_\_\_ 6) International Student Guardian Agreement – Located in the back of this enrollment packet.  
To be completed by both parent and/or guardian.
- \_\_\_ 7) Financial Statement w/ attached required documentation.
- \_\_\_ 8) TOEFL iBT, TOEFL Junior, iTEP Slate test taken and scores sent via fax (916/721-3305) or email to Valley Christian Academy if requested by VCA.
- \_\_\_ 9) Copy of Student's Passport
- \_\_\_ 10) New international student fee is paid at the time application is submitted. The new International student fee is \$610
- \_\_\_ 11) Three Letters of Recommendations
- \_\_\_ 12) Health Physical – translated in English is applicable
- \_\_\_ 13) Tuberculosis (TB) Test results

# Valley Christian Academy

## TUITION AND FEE SCHEDULE

### INTERNATIONAL STUDENT ENROLLMENT FESS DUE AT THE TIME OF ENROLLMENT

#### New International Student Enrollment Fee (NON-REFUNDABLE)

\$610.00

(This New International Student Enrollment fee doesn't include registration and book user's fee listed below)

(This fee is an application fee, and doesn't guarantee approval by SEVIS)

#### Returning International Student Fee (NON-REFUNDABLE)

\$425.00

(This fee is for International Students who attended VCA the previous school year, and doesn't include the following fees)

#### ANNUAL REGISTRATION FEE PER STUDENT (NON-REFUNDABLE)

\$225

#### ANNUAL BOOK USER'S FEE PER STUDENT (NON-REFUNDABLE)

(Book User's fee does NOT include the 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.)

\$500

**Students who need to make up course work not scheduled in their regular day  
9<sup>th</sup> -12<sup>th</sup> grade - \$750.00 for extra curriculum fee**

ANNUALINTERNATIONAL STUDENT TUITION DUE AT THE TIME OF ENROLLMENT  
1<sup>st</sup> GRADE THRU 12<sup>TH</sup> GRADE

ANNUAL TUITION	\$10,775
----------------	----------

1. In addition to tuition and enrollment fees, there may be other fees that occur throughout the school year for which VCA families are responsible. A list of possible fees has been provided in the following pages for review.
2. International student tuition is charged on an annual basis regardless of the time enrollment. Families are responsible for the annual tuition amount regardless of the length of time enrolled at VCA for an academic year.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

VCA OFFICE USE ONLY

STUDENT NAME	GRADE	I-20 FEE	REG FEE PAID/METHOD	BOOK FEE PAID/METHOD	ANNUAL TUITION	MONTHLY TUITION
--------------	-------	----------	---------------------	----------------------	----------------	-----------------


## **Valley Christian Academy**

### **Estimated School Year Cost**

#### **NEW INTERNATIONAL STUDENT**

Estimated **Minimum** School Year Cost for a New VCA International Student:

New International Student Fee - \$610.00

Registration - \$225.00

Book User's Fee - \$500.00

Annual Tuition - \$9,775.00

Standardized Testing - \$60.00

Locker Fee - \$15.00

PE Clothes - \$35 per set

Total: \$11,220.00

---

#### **RETURNING INTERNATIONAL STUDENTS**

Estimated **Minimum** School Year Cost for a Returning VCA International Student:

Returning International Student Fee - \$425.00

Registration - \$225.00

Book User's Fee - \$500.00

Annual Tuition - \$9,775.00

Standardized Testing - \$60.00

Locker Fee - \$15.00

Total: \$11,000.00

\* All the above estimates are subject to increase with prior notice. The above estimates cover the costs of educational related fees, and don't include any extra curricular activities each student may participate in.

\*Families are responsible for the full amount of annual tuition regardless of the time of enrollment, or length of studies in a given year.

# Valley Christian Academy

## PARENT/GUARDIAN FINANCIAL AGREEMENT

- 1) I have read Valley Christian Academy's "Tuition and Fee Schedule" and understand that I'm responsible for the above mentioned fees at the time of enrollment and throughout the school year. I am responsible for the full tuition amount charged by Valley Christian Academy unless approved otherwise by the VCA Board.
- 2) I understand that if for any reason a check or bank card transaction doesn't clear my account, there will be a service charge of \$25.00 per transaction. Repayment of returned checks must be made by cash, cashier's check, or money order. If more than two occurrences happen on my account, all future transactions will need to be made by cash, money order, cashier's check, or credit card.
- 3) I understand Valley Christian Academy accepts many forms of payment cash, checks, money orders, cashier's checks, and credit cards. If I choose to make a payment to VCA by credit card, a 2% credit card processing charge will be added to the amount I'm paying.
- 4) I understand that NO REFUNDS are given on paid tuition that has been paid to Valley Christian Academy.
- 5) I understand that I am responsible for the full amount of annual tuition regardless of the time of enrollment, or length of studies in a given year.
- 6) I understand that if my account falls 60 days over due and I have not setup acceptable payment arrangements with VCA's office to bring the account current, my student(s) will be dismissed from VCA and further steps of collection will be taken on the account. I will be held responsible for all cost incurred by Valley Christian Academy while collecting this debt.
- 7) I understand that if my child is pulled from Valley Christian Academy during the school year **I must give a 30-day written notice. I understand that I'm responsible for the entire year tuition, even if I should need to withdraw my student throughout the school year.**
- 8) I understand that VCA will not distribute report cards if there is a balance on my account.
- 9) I understand that accounts of graduating 12<sup>th</sup> graders need to be brought to a \$0 balance two weeks before graduation, or students will not be allowed to participate in graduation and their diploma will be held until the account is cleared.
- 10) I understand that VCA does not provide accident insurance for its students. Liability insurance is carried, but it's a secondary coverage only. It is the responsibility of each parent to cover the medical and injury costs of their children.
- 11) I understand that VCA doesn't require placement testing before enrolling my student(s), but requires **mandatory** achievement testing in the spring of each year, for all students in 9<sup>th</sup> - 11<sup>th</sup> grades. The charge will be billed to my account in February, and I will be notified of the amount before hand.
- 12) I understand that I will be held financially responsible for any vandalism or damage caused to VCA by my student(s).

\_\_\_\_\_  
Print name of Father /Guardian

\_\_\_\_\_  
Print name of Mother /Guardian

\_\_\_\_\_  
Signature of Father /Guardian & Date

\_\_\_\_\_  
Signature of Mother /Guardian & Date



**VALLEY CHRISTIAN ACADEMY**

301 W. Whyte Avenue, Roseville, CA 95678

(916)728-5500 – (fax) 721-3305

<b>Fee*</b>	<b>Description</b>	<b>Amount</b>
Registration**	Annual fee for returning/incoming students due at the time of enrollment	\$150
New International Student Fee **	New International Student fee for a students first year at VCA (doesn't include registration or book fee)	\$610 due at the time application submitted. Not refundable, and doesn't guarantee approval by SEVIS.
International Returning Student Fee **	Returning International student fee for students who attended VCA the previous year (doesn't include registration or book fee)	\$425 due at enrollment
Book Fee –**	Annual book user fee for returning/incoming students	\$500
Unreturned Book Fee**	Charged for lost books not returned at the end of the school year or damaged books caused by the student	Cost depends on the text book
STAN Testing – K5-11th**	Mandatory Stanford 10 achievement testing done each spring	approximately \$60
P.E. Clothes – 9th-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	\$175 - \$275 depending on sport
Yearbooks **	Student yearbooks are available for high school (costs are subject to change without notice depending on production costs)	High School - \$70 by March 2nd \$75 after March 2nd
Graduation Fee – 12th grade**	Fee for each graduate to cover cap & gown, diploma, diploma cover, and decorations for graduation ceremony	12th grade - \$200
Athletic Team Apparel Packages/Fundraisers**	The VCA office charges a sport fee, but sports teams may also require that players purchase athletic apparel packages per season. Sports teams may also require that parents/players participate in fundraisers for their athletic season.	Cost will vary season to season and year to year.

**\* 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**

\_\_\_\_\_  
Father/ Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature



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

**I-20 STUDENT IDENTIFICATION, AUTHORIZATION, AND CONTACT/EMERGENCY INFORMATION**

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

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

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

Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender: Male / Female

Birthplace: \_\_\_\_\_ Nationality: \_\_\_\_\_

Citizenship: USA/ Other: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Student's Email Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Father Name:** \_\_\_\_\_

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

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

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

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

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

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

**Mother Name:** \_\_\_\_\_

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

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

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

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

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

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

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

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

**Legal U.S. Guardian:**

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

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

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

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

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

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

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

**Sponsor (if other than Legal U.S. Guardian)**

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

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

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

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

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

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

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

**Host Family (If applicable):**

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

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

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

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

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

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

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

**Emergency Contact in Home Country:**

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

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

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

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

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

**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

\_\_\_\_\_

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

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

/ / Yes / / No

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

/ / Yes / / No

**Names of persons authorized to take student from Valley Christian Academy and additional persons whom may be called in case an emergency:**

Name

Relationship

Telephone


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

\_\_\_\_\_  
Date

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

**Statement of Cooperation**

I understand that Valley Christian Academy is an extension of our home and mutual cooperation and understanding are needed. Our family will be represented in all scheduled Parent/Teacher conferences.

I understand that the steps of authority for interventions/actions, etc. with regards to my child, are to go to my child's teacher first; thereafter, if satisfactory resolution is not achieved, I am to go the vice principal.

I understand that Valley Christian Academy does not tolerate profanity, obscenity in action or word, use of tobacco, alcoholic beverages or narcotics, dishonor of God and the Word of God.

I realize that my attitude toward the teachers and policies of Valley Christian Academy affects the emotional and academic stability of my child. I support and uphold the ideas of the school in every way and will abide by the disciplinary regulations of the administration. If my child refuses to conform to the rules, regulations and standards of the school, we understand that our child could be suspended or even expelled if his/her behavior is not acceptable. If after reasonable effort has been made to discipline my child in a constructive framework based on Biblical principles, and to assist his/her academic adjustment and he/she does not comply with the standards of the school, I agree to withdraw my child at the request of the school.

At no time will I participate in destructive criticism, either by telling or sympathetic listening of the staff or school, with my child or others, but will instead if a problem arises, go directly to the teachers or administrator in a Christian manner as indicated in Matthew 18:15 - "Moreover if thy brother shall trespass against thee, go and tell him his fault between thee and him alone; if he shall hear thee, thou hast gained the brother."

I agree to read the student handbook and to support the school in enforcing its policies and rules.

*Valley Christian Academy has a non-discriminatory racial policy and admits students of any race to all rights, privileges and activities made available to all students. The administration, however, reserves the right to refuse admission to anyone unwilling to comply with the school's regulations, or unable to achieve the school's level of academic standards.*

Signature \_\_\_\_\_  
Father/Guardian Date Mother/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 student to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my student 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 student's actions and will pay for any damages caused by my student.

As the parent or authorized representative, I hereby give consent to 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 student named above.

\_\_\_\_\_ ( 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 QUESTIONNAIRE

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: \_\_\_\_\_

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 student to have medication at school.
- \_\_\_\_\_ I want medication kept at school in case of an episode.\*\*
- \_\_\_\_\_ I am to be called if my student 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 student'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 student'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 student may keep an asthma inhaler on his/her person if the MD so orders and if the student is responsible.

- a. High school: Please give medications w/MD order/instructions and written parental permission to receptionist at the office to be locked up and administered.

**PERSONAL REFERENCE FORM**

**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, Argentinean, 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

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

SCHOOL: \_\_\_\_\_  
(SCHOOL COMING FROM)

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

916/728-5500, ext. 21

Date

Request #

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 95678

# Valley Christian Academy

## Guardian Agreement International Students Only

### Guardian

As guardian of \_\_\_\_\_ while he/she is attending Valley Christian Academy, I agree to the following.

- 1) I assume responsibility for this student during the school year and regularly scheduled vacations from school. All VCA holidays will be posted on the VCA school calendar, and website, which normally include Veteran's Day, Thanksgiving, Christmas, Easter, Memorial Day, President's Day, Martin Luther King, Jr. Day, and summer. I assume responsibility of, but not limited to, providing transportation to and from campus and providing supervision of the above student during school vacations.
- 2) I possess power of attorney and assume responsibility for making a decision medically and/or signing medical release papers if such an occasion arises.
- 3) I assume responsibility for the above student if disciplinary action is required, such as suspension, expulsion, etc.
- 4) I will also assume decision making if any problems arise concerning the social or academic life of the above named student.

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

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

Fluent in English: \_\_\_\_ Yes \_\_\_\_ No Other \_\_\_\_\_

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

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

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

### Parent

As the parent of the above-mentioned student, I hereby appoint the above person my attorney in fact for the purposes set forth above, while he/she is a student at VCA, and I authorize the above person to take care of and assume responsibility for the above-mentioned student as I would do if personally present. In the event the above-mentioned guardian is unable to fulfill his/her duties, I will immediately secure the services of another individual to serve as guardian. I assume responsibility to VCA for any financial obligations reasonably and necessarily incurred on behalf of the above student while he/she is a student at VCA.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### PLEASE NOTE THE FOLLOWING:

- 1) **It's the responsibility of the parent to select an adult guardian, at least 30 years of age, who resides currently in the greater Sacramento area.**
- 2) **Both Parent and Guardian need to complete this form and return it to the VCA office.**
- 3) **This form must be completed and approved before a student may attend VCA.**

# Valley Christian Academy

## FINANCIAL STATEMENT

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

**Attention:** Attach all necessary financial documents to this certificate

**PLEASE TYPE OR PRINT ALL INFORMATION IN ENGLISH (except signature)**

I expect to be at Valley Christian Academy for \_\_\_\_\_ years. Show source of support below for each of those years.

The United States Department of Justice, Immigration and Naturalization Service requires Valley Christian Academy to determine your financial eligibility. An I-20 (for the issuance of a visa) cannot be issued until this form is completed to our satisfaction and returned to the office. Please indicate below in U.S. dollars the money that will be available for your student's tuition and living expenses and provide all supporting documentation. You must show a source of income of full financial support for all years of VCA attendance, not just the first year. If you can't show proper financial support for all years of your student's entire program of study, no I-20 will be issued.

In computing expenses, remember Student (F-1) visa holders will not be legally authorized to work, except in extraordinary circumstances. Therefore, you should not expect part-time or summer employment to be a means of support.

SOURCES OF FINANCIAL SUPPORT	Year 1	Year 2	Year 3	Year 4
<b>FAMILY/GUARDIAN SUPPORT</b>				
Family/Guardian Savings (attach statement of account from bank)				
Family/Guardian Salary (attach a salary statement from employer)				
Other Income (attach documentation)				
<b>STUDENT SUPPORT</b>				
Personal Savings (attach statement of account from bank)				
Other Income (attach documentation)				
<b>OTHER SUPPORT TYPE AND SOURCE</b>				
Attach a letter from the organization or person giving full Details of their support				
<b>TOTALS</b>				
All totals for each year of VCA attendance must equal the The estimated cost tuition and expenses.				

All applicants must complete the section below.

### OFFICIAL CERTIFICATION OF SOURCES OF FUNDS

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Parent or sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Sponsor's name (print): \_\_\_\_\_

Relationship of sponsor to applicant \_\_\_\_\_

Address, City, Country, Zip: \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. (Bank official's signature in no manner implies liability.)

Bank official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank official's name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address, City, Country, Zip: \_\_\_\_\_