



## Victory Preparatory School Registration

Student's name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Sex: ( ) M ( ) F

Self Pay \_\_\_ StepUp \_\_\_ McKay \_\_\_ Other \_\_\_ Specify: \_\_\_\_\_ Does your child have an IEP? ( ) Yes ( ) No

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_  
Month Day Year

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Previous School: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Parents are: ( ) Married ( ) Divorced (**Note: If parents are divorced, custody documentation needed**)

People **AUTHORIZED** to **PICK UP** your child and to be contacted in case of an emergency or illness if the parent cannot be reached. (Please **DO NOT** list parent names here if listed above):

Name	Relationship	Home Phone	Cell Phone	Work Phone
1. _____				
2. _____				
3. _____				

Medical Info: Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child have **allergies** or other unique **medical** needs: ( ) Y ( ) N

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

Bus Service Needed? Y \_\_\_ or N \_\_\_ AM \_\_\_ PM \_\_\_ (additional fee required for this service)

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**\*\*\*Due with this application: Copy of Birth Certificate, Immunization records, physical examination, and registration fee\*\*\***