



Victory Preparatory School Application for Enrollment

Student's Name: _____
Last First Middle

Grade Applying For: _____ School Year: _____ Sex: _____

Self Pay ___ Scholarship ___ Award ID.: _____ Does your child have an IEP? _____

Date of Birth: _____ / _____ / _____ SSN: _____
Month Day Year

Home Address: _____

Primary Parent/Guardian

Full Name: _____ Email: _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Relationship to Student: _____

Secondary Parent/Guardian (Optional)

Full Name: _____ Email: _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Relationship to Student: _____

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: _____

Consent and Acknowledgement

- I certify that the information provided above is true and complete.
- I give permission for school staff to seek emergency medical treatment for my child if necessary.

Parent / Guardian Signature: _____ Date: _____ / _____ / _____