



Valley Christian Academy

301 W. Whyte Avenue

Roseville, CA 95678

916/728-5500

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 for the 2011/12 school year. The following is a check list of information and paperwork that VCA requires at the time of applying for a High School International Student.

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 9th grade, a copy of their 8th 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 or SLEP test taken and scores sent via fax 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 \$510

Check List for Valley Christian Academy at the Time of Enrollment

- ___ 1) All VCA required forms (see above) have been received.
- ___ 2) I-20 Form issued by school and sent or given to student.
- ___ 3) Student presents I-20 to local US Embassy for permission to attend VCA on an F-1 Visa.
- ___ 4) All Fees paid:
New International Student Fee = \$510 + registration and book user fee.
Returning International Student Fee=\$350 + registration and book user fee.
Annual Tuition Due At enrollment - \$4,650.00
- ___ 5) Make sure that student has health insurance while in the United States.

Valley Christian Academy

TUITION AND FEE SCHEDULE FOR 2011-2012

INTERNATIONAL STUDENT ENROLLMENT FESS DUE AT THE TIME OF ENROLLMENT

New International Student Enrollment Fee (NON-REFUNDABLE)

\$510.00

(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)

\$350.00

(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)

\$75.00- Before May 31

\$125.00 – After May 31

\$50.00 per student when enrolling 3 or more children

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.)

9th – 12th Grade - \$200.00 before August 15 / \$225.00 after August 15

HIGH SCHOOL TUITION

GRADE LEVEL

ANNUAL TUITION DUE AT THE TIME OF ENROLLMENT

9 th -12 th Grade	\$4,650.00	
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1. A 10% percent discount is given on each additional child enrolled at Valley Christian Academy.
2. 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.

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 INTERANTIONAL STUDENT

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

New International Student Fee - \$510.00
Registration - \$125.00 – (Depending on the time of enrollment)
Book User's Fee - \$200.00 (Depending on the time of enrollment)
Tuition - \$4,650.00
Stanford 10 Testing - \$35.00
Locker Fee - \$15.00

Total: \$5,535.00

RETURNING INTERNATIONAL STUDENTS

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

Returning International Student Fee - \$350.00
Registration - \$125.00 (Depending on the time of enrollment)
Book User's Fee - \$200.00 (Depending on the time of enrollment)
Tuition - \$4,650.00
Stanford 10 Testing - \$35.00
Locker Fee - \$15.00

Total: \$5,375.00

* 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.

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. I understand that tuition needs to be paid in full at the time of enrollment, and that a 10% discount is given on each additional child enrolled at Valley Christian Academy.
- 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 for the days/months attended. I understand that if for any reason a refund is owed to me from Valley Christian Academy, it will be automatically applied to any outstanding account balance I may have first, and then any remaining funds will be refunded to me.
- 5) 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.
- 6) I accept that our family is responsible in September of each school year for selling at least two boxes of candy when school begins (60 candy bars x \$2.00 = \$120.00) or I can pay the 50% profit (\$60.00) to VCA without having to sell the candy. I will let the office know my family's choice.
- 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** and that I will be charged tuition from the date of the notice received in the VCA 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. For withdrawal of my student(s) from VCA, it is my responsibility to: 1) Complete and sign a withdrawal form, 2) Bring my tuition account current to a \$0 balance owed. At the time of withdrawal my Family Service hours will be prorated for the months my child was enrolled during 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 12th 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 9th - 11th 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

Fee*	Description	Amount
Registration** 9 th – 12 th	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
New International Student Fee **	New International Student fee for a students first year at VCA (doesn't include registration or book fee)	\$510 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)	\$350 due at enrollment
Book Fee – 9th– 12th**	Annual book user fee for returning/incoming students	\$200 by August 15th \$225 after August 15th
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 10 Testing – 9th-11th**	Mandatory Stanford 10 achievement testing done each spring	approximately \$35
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 each sport played. Amount varies by grade and number of sports in which each student is involved annually	\$75 - \$200 depending on sport
Yearbooks **	Student yearbooks are available for high school (costs are subject to change without notice depending on production costs)	High School - \$60 by March 2nd \$65 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.
Candy Profit/Sales**	VCA's annual candy fund raiser – Each family is required to sell 2 boxes of candy, but may pay the profit in order not to sell the candy	Candy Sales -\$120 Candy Profit - \$60

*** 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: _____ Zip: _____

Student's Home Phone: _____ Student's Cell Phone : _____

Student's Email Address: _____

School Last Attended: _____

School Last Attended Address: _____ City: _____

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.

I hereby pledge to pay by financial obligation to Valley Christian Academy on the due date. All payments must be in by the **5th of the month** or a \$20.00 late fee will be added to that month's tuition. I realize that fund raisers are necessary to help supplement VCA's income during the year to keep tuition costs as low as possible. **I accept that our family will be responsible in September 2011 for selling at least two boxes of candy when school begins (60 candy bars x \$2.00 = \$120.00) or I can pay the 50% profit (\$60.00) to VCA without having to sell the candy.** I will let the office know our family's choice. I also pledge to help whenever possible (but realize it's not mandatory during the rest of the year) with other fund raisers throughout the school year.

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

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

(To be filled out personally by the student applicant - 9th-12th 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 you 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 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 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
FAMILY/GUARDIAN SUPPORT				
Family/Guardian Savings (attach statement of account from bank)				
Family/Guardian Salary (attach a salary statement from employer)				
Other Income (attach documentation)				
STUDENT SUPPORT				
Personal Savings (attach statement of account from bank)				
Other Income (attach documentation)				
OTHER SUPPORT TYPE AND SOURCE				
Attach a letter from the organization or person giving full Details of their support				
TOTALS				
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: _____