

**VICTORY BAPTIST SCHOOL**  
**P.O. BOX 1090**  
**MILLBROOK, ALABAMA 36054**  
**334-285-5082**

APPLICATION FOR ADMISSION

School Year 20 \_\_\_\_ to 20 \_\_\_\_

Student's Name \_\_\_\_\_ Called By Name \_\_\_\_\_  
(First) (Middle) (Last)

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_  
(Month/Day/Year)

Home Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code Phone #

Billing Address: Mr. or Mrs. \_\_\_\_\_  
(circle one) Name Relation to Student

\_\_\_\_\_  
Street or P.O. Box City State Zip Code

Father's Name \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ SS# \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

Church Attended \_\_\_\_\_ Pastor \_\_\_\_\_

How did you hear about Victory? \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Does the student have any physical limitations or allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Does the student take any medications on a regular basis, including behavior modification within the last year?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Has the student been diagnosed to have ADD, ADHD? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is the student currently under the care of a psychiatrist, psychologist, or counselor? \_\_\_\_\_ If yes, for treatment  
or correction of what? \_\_\_\_\_

**SCHOLASTIC INFORMATION:** We are concerned that students attending Victory obtain the best education possible.  
Please answer the following questions honestly so that we will be able to determine if and how well we will be able to be an  
effective ministry to your student. *A negative answer does not mean your child will not be accepted.*

Name of Last School Attended \_\_\_\_\_

Mailing Address of School Last Attended \_\_\_\_\_  
Street City/State Zip Code

Does the student follow instructions given orally? \_\_\_\_\_

Does the student show anger outwardly by throwing things, hitting others, hitting other objects or other outbursts of temper? \_\_\_\_\_

Has the student been diagnosed to have any learning disabilities? \_\_\_\_\_ If yes, what? \_\_\_\_\_

How does the student respond to correction for behavior problems? \_\_\_\_\_

Briefly state why you would like for your student to attend Victory Baptist School? \_\_\_\_\_

How do you handle disciplinary correction with your student? \_\_\_\_\_

Does the student accomplish their homework effectively & completely? \_\_\_\_\_

**ELEMENTARY & HIGH SCHOOL PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

Has the student ever been expelled, dismissed, suspended, or refused admission at another school? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Is the student currently, or have they within the last 3 years, been suspended from school or in an alternative school? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Currently or within the last 3 years has your student been disciplined for any corrective behavior or have you dealt with the school administration for any problems? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Have you had to visit with school administration about any problems concerning the student? \_\_\_\_\_ If yes, what were the problems? \_\_\_\_\_

Has the student ever been arrested, in trouble with the law, used drugs or alcohol, etc.? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Has the student ever been involved in gang activity? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Please indicate the academic level of student's previous work: \_\_\_\_\_ Excellent (A=93-100) \_\_\_\_\_ Good (B=85-92) \_\_\_\_\_ Average (C=77-84) \_\_\_\_\_ Fair (D=70-76) Subjects Failed: \_\_\_\_\_

Has the student ever failed, been retained in school, or been on academic probation? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Interviewed on \_\_\_\_\_ at \_\_\_\_\_ Student is accepted / denied enrollment on \_\_\_\_\_  
(date) (time) (circle one) (date)

When/How Student Notified \_\_\_\_\_ In person / Acceptance Letter / Phone Call  
(date) (circle one)

Student may begin class on \_\_\_\_\_

Transfer of Records Requested On \_\_\_\_\_ Tuition amount \$ \_\_\_\_\_

\_\_\_\_\_ Parent Agreement Form

\_\_\_\_\_ Church/School Enrollment Form

\_\_\_\_\_ Student Handbook Form

\_\_\_\_\_ Textbook Form

\_\_\_\_\_ Cumulative Folder Established

\_\_\_\_\_ Student Handbook Given

\_\_\_\_\_ IMM Records Received

\_\_\_\_\_ Birth Certificate

COMMENTS: \_\_\_\_\_