

Email address:



Victory Baptist Church & Victory Christian School  
684 Old Hertford Hwy. • Elizabeth City, NC 27909  
www.victorybaptistministries.com  
252-264-2011 • Fax 252-264-4155

**Student Registration Form**

**STUDENT INFORMATION**  
**SCHOLASTIC INFORMATION**

STUDENT'S NAME GRADE SOCIAL SECURITY #  
PLEASE COMPLETE ONE FORM IN ITS ENTIRETY FOR EACH STUDENT.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Race: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Has the student received Christ as Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Grades Have Been: Superior \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Has Your Child Ever Failed? \_\_\_\_\_ If So Explain: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Referred By: \_\_\_\_\_

Has your child ever been expelled, dismissed, suspended, or refused admission to another school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If So Explain: \_\_\_\_\_

IF preK, 3 or 5 days?  
Full day until 3pm  
or  
Halfday until 12pm?

PARENT ONE

FATHER  MOTHER  STEP-FATHER  STEP-MOTHER

OTHER (SPECIFY) \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Do you know Christ as your Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

FATHER  MOTHER  STEP-FATHER  STEP-MOTHER

OTHER (SPECIFY) \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Do you know Christ as your Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

PLEASE INDICATE WHO IS FINANCIALLY RESPONSIBLE: (please circle) PARENT 1 PARENT 2 OTHER (If other please complete the information below )

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

PAYMENT PLANS (please circle): 10 MONTH PLAN 12 MONTH PLAN ALL IN FULL

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

By signing above, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Victory Christian School, per the Financial Policy as stated in the VCS Handbook.

PARENT TWO

FINANCIAL

**EMERGENCY**

Please list contacts whom the school should notify in case of emergency should parents not be reached. (All contacts should live within the Elizabeth City area):

1.	_____	_____	(_____) _____
	NAME	RELATIONSHIP	DAY PHONE
2.	_____	_____	(_____) _____
	NAME	RELATIONSHIP	DAY PHONE
3.	_____	_____	(_____) _____
	NAME	RELATIONSHIP	DAY PHONE

List any medications the student is currently taking: \_\_\_\_\_

List any medications to which the student is allergic: \_\_\_\_\_

List any known allergies (bee sting, peanuts, etc.): \_\_\_\_\_

"Victory Christian School has my permission in an emergency, when I cannot be contacted, to contact the physician listed below and/or transport my child to the emergency room of the nearest hospital. I also extend further permission for the physicians and medical staff of said medical facility to provide treatment which is deemed necessary for the physical well-being of my child."

NAME OF PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ STUDENT'S DATE OF BIRTH \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_ INSURED NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FIELD TRIPS, ETC.**

**FIELD TRIP & TRAVEL PERMISSION**

"I understand that special trips away from the Victory Christian School campus are planned for the students throughout the year. These trips include, but are not limited to, educational field trips, athletic events, competitions, and class projects. I am further aware that these excursions are carefully arranged and adequately supervised by adults. I give permission for my child to be included on these trips. Furthermore, I extend the medical permissions as outlined above to govern emergencies in which my child may be involved during these trips."

**PHOTOGRAPHING & PUBLISHING PERMISSION**

"I understand that Victory Baptist Ministries may take pictures of my child for yearbook and other publishing purposes. Other publishing would include but not limited to the internet at [www.victorybaptistministries.com](http://www.victorybaptistministries.com), and on other brochures, etc.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Victory Christian School desires to train your child in activities that are Christ-centered. We believe that the Bible is the Rule Book which God has provided for all to follow. However, all men fall short in their endeavor to apply its principles for daily living to their lives. Therefore, in order to maintain a uniform environment which is conducive to educational atmosphere, the Student Handbook outlines specific rules and regulations as to the order by which Victory Christian School will operate. We ask that a parent/guardian and any student enrolling in Grades 7-12 sign below, stating that they have read and understand the handbook and will abide by its directives.

*"I have read the Handbook of Victory Christian School and agree to comply with all therein."*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE DATE

*"I have read the Handbook of Victory Christian School and agree to comply with all therein."*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 STUDENT (GRADE 7-12) SIGNATURE DATE

List below all individuals who have permission to pick up your child from the campus of Victory Christian School. Students will only be released to persons listed below unless a parent/guardian contacts the school office giving permission for the child to be released to another individual.

- |    |       |              |               |
|----|-------|--------------|---------------|
| 1. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |
| 2. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |
| 3. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |
| 4. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |
| 5. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |
| 6. | _____ | _____        | (_____) _____ |
|    | NAME  | RELATIONSHIP | DAY PHONE     |

VICTORY CHRISTIAN SCHOOL  
684 Old Hertford Hwy  
Elizabeth City, NC 27909  
(252) 264-2011

RELEASES

I hereby grant permission for my child to participate in all of the activities planned and supervised by Victory Christian School.

I hereby grant permission for my child to leave the school premises under the supervision of administrator, teachers, or coaches in an authorized vehicle.

I hereby grant permission for the administrator, teacher or coach to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. If a parent/guardian or the child's physician cannot be located, you may do any of the following:
  - a) Contact another physician.
  - b) Call an ambulance, if needed.
  - c) Take the child to an emergency hospital in the company of the administrator, teacher, or coach with any health forms that are on file.

I understand that any expenses incurred for medical care will be the responsibility of the child's primary medical insurance. Any medical expenses that are not covered by the child's primary insurance may be submitted to our student accident insurance.

I understand that the school will not be responsible for anything that may happen as a result of omitted or false information given.

I understand that the school will assume responsibility for the child from the predetermined time a trip is scheduled to leave until the parent or other authorized person comes for the child at the end of the trip or event.

I hereby agree to deliver and pick up my child promptly at the beginning and ending of a trip or event at the predetermined time.

\_\_\_\_\_  
(Father or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother or Legal Guardian)

\_\_\_\_\_  
(Date)

Victory Christian School  
Statement of Cooperation  
Revised March 2019

1. Because of limited enrollment and a very stringent economy, it is hereby understood that I will pay tuition for the amount as stated in the financial information on a 10 or 12-month plan. I understand that the account is delinquent after the 15<sup>th</sup> of the month, and after 30 days have elapsed the student(s) will not be permitted to attend classes until the account is paid-to-date (unless prior arrangements have been made). **Reports cards will be held if the account becomes outstanding during any grading period.** No refunds will be made for registration fees or any part of a month's tuition. If collection procedures become necessary, all legal fees that the school might incur are my responsibility.
2. We will attend the Parent-Teacher Fellowship meetings. We sincerely pledge our loyalty to the aims and ideals of Victory Christian School and will bring any and all questions and criticisms directly to the administration, so that those in authority may properly consider them.
3. We agree that in the case of a disagreement between our child and another child at school, we will work through the teacher and administrator to effect reconciliation. We further agree to register complaints regarding school rules, procedures, etc., ONLY with our child's teacher and/or administrator, not with other parents or friends. (Psalms 15:3)
4. We understand that Victory Christian School reserves the right to expel any child who fails to comply with the established regulations and disciplines, or who does not respond favorably to the school. We will not try to change the school to fit his/her needs, but will withdraw him quietly, and without delay. (Six weeks are adequate for most students. The one who has not adjusted by the end of twelve weeks should definitely be withdrawn).
5. We give the teachers and administration full discretion in the discipline of our child (ren). This would include suspension and even expulsion. Detention halls may be used after school for various offenses and transportation will be our full responsibility.
6. We agree to uphold and support the high academic standards of Victory Christian School by providing a place at home for our child(ren) to study and giving them encouragement on the completion of homework and assignments.
7. We understand that if our child does not put forth the effort to maintain their grades at an acceptable level, they will not be permitted to remain at Victory. This does not apply to the student who, in the opinion of the administration, is really trying. As parents, please encourage your child to do his very best.
8. We give permission for our child to take part in all school activities including sports and school-sponsored trips away from the school premises and absolve the school from liability because of accident and/or injury to my child while at school, sports activities, and field trips, etc.
9. We support the fact that Victory Christian School has adopted standards based on Biblical principles for the purpose of providing an environment conducive to spiritual growth and academic excellence. We agree to **carefully read** the standards and dress codes set forth by the school, which are listed in detail in the student handbook.

OVER

10. We understand that the school requires each student to refrain from profanity, smoking, misuse of drugs or narcotics in any form, and disorderly and immoral behavior on and off campus. Any student who is guilty of any of these offenses, on or off campus, will immediately be expelled. No exceptions will be made.

11. We agree to adhere to the same dress standards as the students when attending the PTF meetings, going on field trips, class parties, athletic events, or any other school sanctioned activity.

12. I have reread the handbook in its entirety and will agree to abide by the rules and standards set forth. I also agree to make sure that my child(ren) abides by the rules and standards set forth.

13. We consider it a privilege to have the opportunity to send our child to Victory Christian School and agree to accept all regulations of the school on the applicant's behalf.

**\*\*\*Both parents must sign all applicable forms\*\*\*  
\*\*\*Students in 7-12<sup>th</sup> grades must sign this form\*\*\***

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (7-12) \_\_\_\_\_ Date \_\_\_\_\_



Victory Baptist Church & Victory Christian School  
684 Old Hertford Hwy, Elizabeth City, NC 27909  
252-264-2011 • 252-264-2468 • Fax: 252-264-4155  
www.victorybaptistministries.com  
Email: baptistvictory@yahoo.com

New Policy beginning March 14, 2018

This is to inform you that if you opt to use our online payment system on our website, we will now be charging you a convenience fee of 3% of your transaction amount. We have been absorbing this cost since we started this payment option, but we cannot continue. We paid more than \$5000 last year.

If the online payment was your only option, we, of course, would not and could not pass the fees to you. As always, you have the option to pay by check or cash at the office in person or by mail or you can send payment along with your students if you consider them responsible. If a cash payment is made, please do not leave without a receipt.

We need to know that all our parents have read this and understand, therefore, please sign below and have your oldest student return this to the office. We only need one signature per family.

Sincerely,

Lin Lawlor  
Office

Family Last Name (Printed): \_\_\_\_\_

Parent signature: \_\_\_\_\_

**Pastor R.L. Parker**, Founder & President of Victory Christian School  
**Dan Moore**, Associate Pastor/Youth Pastor



Victory Christian School  
New and Returning Students  
Fees Sheet  
2021-2022

**Registration Fee** \$100.00  
(To be paid at the time of registering a new student)  
**Returning students who do not register before the deadline will also need to pay this fee**

**Book Fees (DUE JULY 1)**  
Kindergarten (K-3 thru K-5) \$190.00  
1<sup>st</sup>-12<sup>th</sup> Grades \$250.00  
\* Full color yearbook for each student included in book costs

**Yearly tuition for grades 1-12 (Can be paid in 10 or 12-month installments.)**  
First Child Enrolled \$3600.00  
Second Child Enrolled \$3350.00  
Third Child Enrolled \$3100.00  
No charge for additional children enrolled  
First payment (DUE AUGUST 1)

**Matriculation Fee (K5-12<sup>th</sup>)** \$200.00  
(100.00 Due per semester per family)  
\* School-time medical plan included  
\* First Semester-DUE OCTOBER 1  
\* Second Semester-DUE FEBRUARY 1

**Standardized Testing Fee** \$125.00  
(Yearly fee for K5-12 DUE April 1)

**Graduation Fees**  
Senior graduation \$50.00  
Kindergarten graduation \$20.00

**Early Withdraw Penalty** \$250.00  
For any family making this commitment, and withdrawing from it, prematurely. Certain exclusions may apply.

Payments are due the first of each month. A grace period to the 15<sup>th</sup> is provided. **Any payment paid after the 15<sup>th</sup> is considered late and will be subject to a \$25.00 late fee. Any payment 30 days past due is considered seriously delinquent. Students will not be admitted to classes until the account is made current.**

**I UNDERSTAND THE TUITION AND FEE AMOUNTS THAT I AM RESPONSIBLE TO PAY FOR MY CHILD(REN)**

**Parent Signature** \_\_\_\_\_

VICTORY CHRISTIAN SCHOOL  
INFORMATION FOR THREE, FOUR AND FIVE-YEAR-OLD KINDERGARTEN  
CLASSES

1. **Three and Four-year-old kindergarten classes.**

-Tuition costs for full-day program, five days a week. \$330.00 per month  
(Full-day program begins at 8:20 and ends at 3:00.)

-Tuition costs for half-day program, five days a week \$230.00 per month  
(Half-day program begins at 8:20 and ends at 12:00 noon.)

-Tuition costs for full-day program, three days a week. \$230.00 per month  
(Full-day program begins at 8:20 and ends at 3:00.)

-Tuition costs for half-day program, three days a week \$180.00 per month  
(Half-day program begins at 8:20 and ends at 12:00 noon.)

2. **Kindergarten for five-year-old children** is a full-day program that meets five days each week.

-Tuition costs for five-day, full-day program. \$330.00 per month

3. Students in kindergarten may purchase lunch from the school or bring their own lunch. Leftovers brought from home can be warmed in our microwaves. All types of drinks and juices are available for purchase in the kitchen store.

*- After-school care: Optional*

*After-school care closes at 6:00 p.m. \$4.00 hourly/student*  
*(Afternoon snack included)*

4. All students may be dropped off as early as 7:30am and picked up as late as 3:30pm for no additional charge. **Students who are on campus after 3:30 will be placed into after-school care and a fee will be charged. A \$4.00 minimum fee is charged for any part of the first hour of after school care.**

# Victory Christian School

## Record Request Release Form

The following student(s) have enrolled in our school:

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_

Please send all pertinent records to:

Victory Christian School  
684 Old Hertford Hwy  
Elizabeth City, NC 27909  
252-264-2011  
Email: [baptistvictory@yahoo.com](mailto:baptistvictory@yahoo.com)

-----  
I, the parent/guardian, give permission for you to release all records including health records, test results, discipline records, psychological tests and cumulative records to Victory Christian School.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_