

Valley Christian School

200 Airport Rd. Coatesville, PA 19320

Ph: 610-380-1650 Fax: 610-380-1655

www.vcs4u.org



Application Process:

1. Complete the questionnaire and return it to the school office for consideration in enrollment. Parents and children are encouraged to tour the school before applying for admission.
2. Once this questionnaire is received, parents and prospective students will be scheduled to interview with the Administrator. Both parents are encouraged to be present.
3. After interviewing with the Administrator, 1st – 12th students will be scheduled for admission testing with the Principal. There is a \$35 per student testing fee.
4. Applicants will be notified by phone regarding their acceptance. Families who are accepted for admission have 5 working days to submit registration forms and fees (if school year is underway, forms and fees are due immediately). After 5 days the vacancy(ies) will be released and made available for other applicants. Applicants may be admitted after 5 days if classroom space is still available. After 3 months, VCS may require that the testing and interview process be repeated.

Family Information

Father's Name: _____ Employment: _____

Father's Address: _____ City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Evening phone: _____ Email address: _____

Mother's Name: _____ Employment: _____

Mother's Address: _____ City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Evening phone: _____ Email address: _____

Custodial Parent: Joint _____ Mother _____ Father _____

Have you accepted Jesus as your Savior? Father: Yes _____ No _____ Mother: Yes _____ No _____

Do you attend church regularly? Father: Yes _____ No _____ Mother: Yes _____ No _____

Father's Church Membership: _____ How long have you been a member? _____

Pastor's Name: _____ Phone: _____

Mother's Church Membership: _____ How long have you been a member? _____

Pastor's Name: _____ Phone: _____

Child's Name: _____ Grade Entering: _____ DOB: _____

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School District: _____

How did you hear about VCS? _____

What is your reason for enrolling your child(ren) in VCS? _____

Questions about VCS you would like addressed in the interview: _____

Date of desired enrollment: _____

What is the best way and time to contact you? _____

I(we) affirm that all of the information provided is accurate to the best of my ability.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Office Information

Information: Mailed/Given Date _____

Follow-up call made Date _____

Administrator Interview Scheduled Date _____

Principal Interview Scheduled Date _____

Application Approved Date _____

Application Disapproved Date _____

Reason for Disapproval: _____

Registration Application Medical Records Set up file Added to Class List

Added to Class Roster Added to Directory Notify Bus Company