



"Building The Masters Kingdom...One Child At A Time"
#14 Monte Pele Road, Weymouth Hills, St. Maarten, N.A.
Tel: 524-6521 or E-mail: academy@trulycaribbean.net

STUDENT APPLICATION

Application Date: _____

STUDENT INFORMATION

Full Name: _____

Address: _____

City: _____ Country: _____

Age: _____ Sex: _____ Birth Date: _____ Birthplace: _____

School Last Attended: _____

Last Grade Completed: _____

FAMILY INFORMATION

Father's Name: _____

Address: _____

Employment: _____

Position: _____ Email: _____

Business Phone: _____ Cellular: _____

Mother's Name: _____

Address: _____

Employment: _____

Position: _____ Email: _____

Business Phone: _____ Cellular: _____

Marital Status: Single _____ Married _____ Widow _____

Divorced _____ Separated _____



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Children in family of school age if not applying:

Name: _____ Age: _____

Reason they are not applying:

RELIGIOUS INFORMATION

It is a requirement for admission to Victory Christian Academy that at least one parent of the student must be a professing, born again Christian.

Church Attending: _____

Address: _____

Pastor: _____ Phone: _____

Father: Christian? _____ How do you know? _____

Mother: Christian? _____ How do you know? _____

Has applicant ever made a profession of faith in Christ? Yes _____ No _____

(A letter of recommendation from your Pastor or Clergy is to be submitted with this application)



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MEDICAL INFORMATION

Family Physician: _____

Phone: _____

Does the student have any physical impairments or allergies?

Have they been tested for Dyslexia and/or ADHD? _____

What were the results? _____

Is the student's immunization record up to date? _____

(Copy of Student's Immunization Record is to be submitted with this application form)

SCHOLASTIC INFORMATION

Has the student ever been expelled, dismissed, suspended or refused admission to another school? _____

Why? _____

Has the student ever had disciplinary difficulty at school? _____

Why? _____

Does the student have a juvenile or arrest record? _____

Explain: _____

Has the student ever used tobacco or nonprescription drugs of any kind? _____

Has the student ever failed an academic subject in school? _____

Explain: _____

Please indicate the academic level of the student's previous work:

Excellent ___ Good ___ Average ___ Poor ___



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GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school: _____

In case of an emergency please contact: (Name & Telephone) _____
