

VICTORY IN CHRIST CLASSICAL LUTHERAN ACADEMY

OFFICE: (817) 489-5400

APPLICATION FOR ENROLLMENT 2024-2025

CHILD'S NAME: _____ Date of Birth: _____
last first middle

Sex: ___ female ___ male Child is commonly called: _____ Phone: _____

Home Address: _____
street city zip code

Parents: **Father:** _____ Cell Phone: _____
(or Guardians) last name first middle

Employer: _____ Phone: _____ Email: _____

Mother: _____ Cell Phone: _____
last name first middle

Employer: _____ Phone: _____ Email: _____

E-mail address for Academy mailings: _____

PARENT'S MARITAL STATUS: ___ married ___ separated ___ divorced ___ single parent ___ widowed

If divorced, please give name and address of non-custodial parent:

Name: _____ Phone: _____

Address: _____

Does this person have permission to claim child at school? _____

Grade level for 2024-2025 (circle one): 1 2 3 4 5 6

Family religious affiliation: _____ Church: _____ Date of Baptism: _____

Names and birthdates (MM/DD/YYYY) of brothers and sisters: _____

PREVIOUS SCHOOLING

List all schools (include address) your child has attended:

School: _____ Grade: _____ Dates Attended: _____

School: _____ Grade: _____ Dates Attended: _____

(Please indicate additional schools and grades on back.)

POLO, T-SHIRT, SHORTS SIZE

(Academy tuition includes one each of VIC polo, t-shirt, and P.E. shorts.)

Please indicate size.

X-Small (2-4) _____ Small (6-8) _____ Medium (10-12) _____ Large (14-16)