

Re-enrollment Application

VALLEY CHRISTIAN HIGH SCHOOL

6900 W. Galveston St., Chandler, AZ 85226-2508

(480)705-8888 Fax (480)705-8889

www.vchsaz.org

◆ **To be completed by Student** ◆

Have you used tobacco, alcoholic beverages, narcotics, or abused any other mind/body-altering substances? Yes No

Please explain: _____

Describe how your experience at Valley Christian High School has helped you know Christ and live like Him?

(25 words or more in your own handwriting)

Student Statement of Cooperation

By signing this application, I am indicating that I agree with the Statement of Faith, and it is my personal desire and decision to attend Valley Christian High School. I agree to abide by the school's rules and policies. I also fully understand that the use or possession of alcoholic beverages, tobacco, narcotics and any other substance abuse is forbidden. This rule applies for my entire high school career (including summer vacation) and also applies both on and off the VCHS campus. If I cannot abide by the school rules, I will voluntarily withdraw from the school. I also realize that if I break the rules, I will be subject to immediate discipline as outlined in the Handbook.

Student Signature

Date

VALLEY CHRISTIAN HIGH SCHOOL

Parent Commitment Form

Statement of Cooperation

The Mission of Valley Christian High School is that students know Jesus Christ as their personal Savior, live like Him, and prepare academically, physically, socially and spiritually, enabled to make a difference in the world.

In order to fulfill the Valley Christian High School mission in the lives of our children:

We, _____, the parents/guardians of _____, do hereby pledge our support of the following:

***** (Initial #'s 1 through 9 and sign below) *****

1. _____ We agree to cooperate with the administration and faculty in support of the school programs, policies, and procedures.
2. _____ We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
3. _____ We invest authority in the school to discipline our child when necessary. We further agree that we will cooperate and discipline our child in the home as needed.
4. _____ We understand that we will be assessed for damages caused by our child to VCHS property (including breakage of windows and abusing the personal property of others).
5. _____ We agree to pay our tuition and fees when due and an additional fee if paid late.
6. _____ We recognize that private education is in need of parental support. We agree to support the school by volunteering our time, attending events and activities, and participating in fundraising efforts.
7. _____ We agree that if a conflict arises between our child/family and others in the VCHS family – students, parents, faculty, staff, and administration – we will, in the love of Christ and with prayer, register necessary complaints with the teachers or administration in compliance with the school grievance policy.
8. _____ We commit to pray for the school, students, faculty, administration, volunteers and school board.
9. _____ The signing of this agreement **constitutes a contract** to abide by the rules and regulations of the school as established by the school board, the administration, the faculty and the student body of Valley Christian High School.

Father _____ Date _____
Signature

Mother _____ Date _____
Signature

Student Name: _____

Please check if any personal information has changed

PARENT INFORMATION (with whom student resides)

Father Information

Biological Step Adoptive

Name _____

Address _____

City/State/Zip _____

Home phone _____

Cell Phone _____

Work phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Mother Information

Biological Step Adoptive

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

CHURCH INFORMATION

Does your family attend church regularly? Yes ___ No ___ Church attending _____

Pastor _____ Church Address _____

FAMILY INFORMATION

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

I give my permission for the non-custodial parent, _____, to pick up student during or after school.
(Custodial/Legal Guardian Signature) _____

Non-Custodial Parent(s) Information

Father Information

Biological Step Adoptive

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Mother Information

Biological Step Adoptive

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Non-Custodial Parent Church Information

Does your family attend church regularly? Yes ___ No ___

Pastor _____

Church Attending _____

Church Address _____