



VALIANT CROSS  
ACADEMY

# Application for Admission



## Application for Admission

301 Dexter Avenue

Montgomery, Alabama 36104

Application Date \_\_\_\_\_ Grade Applying for \_\_\_\_\_

Scholar's Full Name \_\_\_\_\_

First Name

M.I.

Last

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Provide the Full Name and Address of the Parent(s)/Guardian(s) submitting this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Scholar now lives with:

\_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian Named Above

Please provide any health problems your scholar may have \_\_\_\_\_

Please list any medications \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_



## Parent Questionnaire

The purpose and mission of Valiant Cross Academy is to provide excellent educational experiences for all of its scholars. We believe with love, discipline, and a dedication to high expectations that all scholars can achieve. The long-term goal is to teach each scholar the skills necessary to become lifelong learners and productive citizens.

1. Describe the scholar's academic performance, extracurricular activities, or other accomplishments that best reflect the scholar's abilities, interests, and character.

---

---

---

2. What do you consider to be the scholar's most favorable characteristics and talents (academic, social, music and arts, athletic, etc.)?

---

---

---

3. Which aspects of VCA's program have most influenced you to seek enrollment?

---

---

---

4. Why do you believe VCA is a good match for you scholar?

---

---

---



## Admissions Application Checklist

**Parents: Use the checklist below to make sure that you have completed all of the steps necessary in applying for admission to the Academy. The scholar's application file will be ready for review when the following materials have been received by the Admissions Office. In addition to providing these forms and records, please make sure to schedule an interview with the admissions staff if you have not already done so.**

\_\_\_ Return the Admission Application.

\_\_\_ Return the PARENT QUESTIONNAIRE completed by the parent.

\_\_\_ Deliver the TRANSCRIPT REQUEST FORM to the guidance office of the scholar's current school. The scholar's current school should send the scholar's official transcripts (grade reports), health and immunization records, standardized test results (if available), and any supporting documentation (such as an IEP or a 504 Plan). We do not accept or follow IEP's. If your scholar had one, it is imperative that we see it and are made aware of it.

\_\_\_ Schedule an INTERVIEW with the Valiant Cross Academy admissions staff. Please call the Office of Admissions to set your appointment. ([anthony@valiantcross.org](mailto:anthony@valiantcross.org) or text 334-301-0478)

\_\_\_ Please forward **three** letters of recommendation from school personnel, coaches, scoutmaster, pastor, or other individuals in your community who can address the scholar's character, abilities and reputation.

\_\_\_ Please return the Financial Information Sheet.





# Financial Information

## Scholar Information:

Full Name:

Today's Date

\_\_\_\_\_

\_\_\_\_\_

Street Address:

Home/Cell Phone

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Date of Birth

Email

\_\_\_\_\_

## Financial Information-Current Annual Income:

Adjusted Gross Income form federal tax form: \$ \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Number of people in your household \_\_\_\_\_

Please briefly describe your need for financial assistance (if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_