



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.

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

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

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

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# Financial Information

## Scholar Information:

Full Name:

Today's Date

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\_\_\_\_\_

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 \_\_\_\_\_