

Application for Admission



# **Application for Admission**

301 Dexter Avenue

Montgomery, Alabama 36104

Application Date	ication Date Grade Applying for		
Scholar's Full Name			
	First Name	M.I.	Last
AgeDate of Birth	City/Stat	e of Birth	
Provide the Full Name and	Address of the Parent	t(s)/Guardian	(s) submitting this application:
Name			
			e
			E-Mail
			Employer_
	Scholar now	lives with:	
Both Parents	Mother	Father	Guardian Named Above
Please provide any health 1	problems your scholar	may have	
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.

	complishments that best reflect the scholar's abilities, interests, and character.
	do you consider to be the scholar's most favorable characteristics and talents ic, social, music and arts, athletic, etc.)?
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3. Which	h aspects of VCA's program have most influenced you to seek enrollment?
4. Why c	do you believe VCA is a good match for you scholar?



## **Transcript Request Form**

#### 301 Dexter Avenue

Montgomery, Alabama 36104

			complete this form, in	cluding signatures on the bottom lar's current school.	
	ar's Name_				
		First	Middle	Last	
	TC	THE GUIDANCE C	FFICE at the scholar's	s current school:	
guard	ian's request (	cholar has applied for by the signature below at the top of this form	w), please send copies	Cross Academy. At his parent's/ of the following material to the	
1.	Academic transcripts (indicating courses, final grades and an explanation of the school's grading system)				
2.	Complete discipline records				
3.	Standardized te	st data	*		
4.	Documentation related to placement in any gifted or honors programs, or placement in any special education or resource programs (including but not limited to an IEP, 504 Plan, or psychological report)We do not accept or follow IEP's. If your scholar had one, it is imperative we are made aware of it.				
5.	Health and imm	unization records			
Releas	se Statement:				
	by request that the materials		ffice of Valiant Cross	(Name of Current School) Academy.	
Signat	ure of the stud	dent's parent(s) or gua	ardian(s):		
Signat	nire		Data		

Signature \_\_\_\_\_ Date \_\_\_\_

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## **Financial Information**

Scholar Information:				
Full Name:  Street Address:		Today's Date		
		Home/Cell Phone		
City	State	Zip		
Date of Birth	Email			
Financial Information-Cu Adjusted Gross Inco Number of Depende	ome form federal tax form	n: \$mber of people in your household		
Please briefly describe your		tance (if needed)		
Signature of applicant		Date		