

VICTORY CHRISTIAN ACADEMY

ADMISSIONS APPLICATION

P.O. BOX 2068

Hutchinson, Ks. 67504

316-463-6112

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Student's Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Telephone \_\_\_\_\_  
(area code) (number)

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Nickname \_\_\_\_\_ Place of Birth \_\_\_\_\_

Identifying marks or characteristics \_\_\_\_\_

PARENTS:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Marital Status: (Single-Married-Divorced-Remarried) Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Marital Status: (Single-Married-Divorced-Remarried) Age \_\_\_\_\_

In case of emergency, notify: Name \_\_\_\_\_

Day-Phone \_\_\_\_\_ Night-Phone \_\_\_\_\_

Pastors Name \_\_\_\_\_ Religion \_\_\_\_\_

Telephone \_\_\_\_\_

Grandparents Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone \_\_\_\_\_

Grandparents Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone \_\_\_\_\_

Signature

Parent/Guardian

Date

COPY OF INSURANCE CARD  
(Front & Back)

RECENT PHOTO

ADDITIONAL RECORDS REQUIRED:

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BRIEFLY DESCRIBE REASONS WHY PLACEMENT IS SOUGHT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Name	Age	City, State	Relationship (full, half, step)
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BROTHERS AND SISTERS:

Relationship to child

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Name \_\_\_\_\_ Occupation \_\_\_\_\_

If legal custodian is NOT a parent or step parent, fill in the following:

(Name) \_\_\_\_\_

Who has legal custody?

LEGAL STATUS:

LETTER OF GUARDIANSHIP

I, \_\_\_\_\_, The undersigned, my address being \_\_\_\_\_  
being the parent and sole guardian of \_\_\_\_\_

a minor child born \_\_\_\_\_ do hereby appoint and designate  
REV. BILL COWELL OF VICTORY VILLAGE, Hutchinson, Kansas as the GUARDIAN  
of and for said \_\_\_\_\_ with full  
authority to exercise rights as provided under the laws of the State  
of Kansas for guardians of minor children.

This appointment is and shall be revocable at any time by the undersigned,  
in which event all power and authority conferred hereunder shall  
immediately cease and revert to the undersigned.

All persons and parties to whom this Appointment of Guardian is  
presented by said REV. BILL COWELL may rely upon this document as  
sufficient proof of the authority conferred herein without the  
necessity of further inquiry, in the absence of actual knowledge by  
such person or party of its revocation by the undersigned.

This Appointment of Guardian is signed and executed on this \_\_\_\_\_  
day of \_\_\_\_\_, to be effective immediately,

\_\_\_\_\_  
Parent's

State of \_\_\_\_\_, County of \_\_\_\_\_

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_  
before, the undersigned, a Notary Public within and for said county  
and State, came \_\_\_\_\_ who is personally known to  
me to be the same person who executed the above forgoing instrument  
of writing; and such person duly acknowledge the execution of said  
instrument. IN WITNESS WHEREOF, I have hereunto set my hand and  
affixed my notarial seal of the day and year last above written.

\_\_\_\_\_  
Notary Public

My Appointment Expires:

LANDON OFFICE BLDG.  
900 SW JACKSON  
TOPEKA, KS. 63612

EMERGENCY MEDICAL  
FOR CHILD CARE AND RESIDENTIAL  
CARE FACILITIES

IN ORDER TO MEET ALL REQUIREMENTS, I HEREBY AUTHORIZE BILL & CAROLE COMELL

AND DESIGNATED STAFF WHO IS

REPRESENTATIVE'S OF VICTORY CHRISTIAN ACADEMY TO GIVE CONSENT

FOR ANY AND ALL NECESSARY EMERGENCY CARE FOR MY CHILD

WHILE SAID CHILD IS IN SAID INDIVIDUAL'S CUSTODY FROM THE TIME OF ADMISSION  
TO THE TIME OF DISCHARGE OF CHILD.

SIGNATURE OF PARENT OR GUARDIAN

WITNESS

PARENT'S SIGNATURE NEEDS NOTARIZATION

OR CLINIC:

STATE OF KANSAS

COUNTY OF

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED  
KNOWN TO BE THE PERSON WHOSE  
NAME IS SUBSCRIBED ABOVE AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED  
THE SAME FOR THE PURPOSE THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS DAY OF 20

NOTARY PUBLIC AND FOR COUNTY, KANSAS

MY COMMISSION EXPIRES

(SEAL)

PHYSICIAN

ADDRESS

PHONE

HOSPITAL PREFERENCE

EMERGENCY PHONE NUMBERS

HOME

FATHER (WORK)

MOTHER (WORK)

DO YOU HAVE HEALTH INSURANCE?

PROGRAM & CARD#

DO YOU HAVE MEDICAL ASSISTANCE?

ID#

IS CHILD ELIGIBLE FOR MILITARY MEDICAL CARE? ID#

MEDICAL INFORMATION ON CHILD:

DRUG ALLERGIES

LAST TETANUS TOXOID

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## MEDICAL HISTORY

Name of physician \_\_\_\_\_ Address \_\_\_\_\_

When was child's last physical? \_\_\_\_\_ Is child presently under Dr. care? YES/NO

If so, for what reason? \_\_\_\_\_

Is child allergic to: penicillin, aspirin, codeine, or any other drugs or medications?

YES / NO. If other what? \_\_\_\_\_

Is child a bleeder? \_\_\_\_\_

Circle any of the following child has or has had:

Heart Disease or Attack

Rheumatic Fever

Emphysema

Sinus Trouble

Thyroid Disease

Fainting Spells

Psychiatric Treatment

High Blood Pressure

Kidney Troubles

Tuberculosis (TB)

Allergies

Hepatitis A (Infectious)

Yellow Jaundice

Dizzy Spells

Heart Murmur

Ulcers

Asthma

Diabetes

Cancer or Tumor

Hepatitis B (Serum)

Drug Addiction

Cold Sores

Epilepsy or Seizures

Nervousness

Venereal Disease

(Syphilis, Gonorrhea)

Herpes

Menstrual Cramps

Does your child bruise easily? Yes No

Has your child gained or lost more than 10 pounds in the last year? YES NO

Is your child on a special diet? YES NO

Does your child have any disease, condition, or problem not listed? YES NO

If so, what? \_\_\_\_\_

To the best of my knowledge, all of the preceding answers are true and correct.

\_\_\_\_\_  
Parent or Guardian signature\_\_\_\_\_  
Date

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INFORMATION ABOUT MEDICATION BEING TAKEN

Name of Student \_\_\_\_\_

What medications are being taken by student?

What are the reasons for them?

How long has student been taking these medications?

Doctor that made the prescriptions

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Description of any side affects medication may cause.

Side affects or allergic reactions to any medications,  
prescription and/or non-prescription.

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# KANSAS CERTIFICATE OF IMMUNIZATION 0192149

This record is part of the student's permanent record and shall, upon request of the parent or guardian of the pupil, be transferred from one school to another as defined in Section 72-5209 (e) of the Kansas School Immunization Law (as amended 1981).

Student Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VACCINE		RECORD THE DATE EACH DOSE OF VACCINE WAS RECEIVED						
		1st	2nd	3rd	4th	5th	6th	7th
DTP and/or DT/Td <small>Diphtheria, tetanus and pertussis (whooping cough) OR tetanus and diphtheria only</small>		/ /	/ /	/ /	/ /	/ /	/ /	/ /
POLIO (OPV or IPV)		/ /	/ /	/ /	/ /	/ /	/ /	/ /
MMR <small>(Measles, Mumps, &amp; Rubella combined)</small>		/ /	/ /	/ /	/ /	/ /	/ /	/ /
Single Antigen Doses Only	MEASLES <small>(Rubella-10 day, red measles)</small>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	RUBELLA <small>(German measles, 3-day measles)</small>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	MUMPS	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Hib MENINGITIS (Haemophilus B) Recommended (not required) for children 2-59 months of age who attend a child care facility. Not needed for K-12.		/ /	/ /	/ /	/ /	/ /	/ /	/ /

**LEGAL ALTERNATIVES TO VACCINATION**

1. Medical exemption from the following vaccines:  
(Medical Doctor [M.D.] or Doctor of Osteopathy [D.O.] must complete the information below as well as the affidavit on the reverse side.)

Pertussis only  DTP  
 OPV  IPV  
 Rubella only  Measles, Mumps, and Rubella (MMR)

The exemption is:  Permanent  Temporary (Expiration date of exemption: \_\_\_\_/\_\_\_\_/\_\_\_\_)

2. Religious Exemption (Parent or guardian must complete the affidavit on the reverse side.)

3. 90-day Exemption (Parent or guardian must complete the affidavit on the reverse side.)

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**DOCUMENTATION**

I certify I reviewed this student's vaccination record and transcribed it accurately.

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

Name/Title \_\_\_\_\_

The record presented was:

Pink Kansas Immunization Record  
 Other Immunization record (Specify \_\_\_\_\_)  
 Out-of-state school record



# SCHOOL INFORMATION

What was the last grade completed by your daughter? \_\_\_\_\_

Has your daughter dropped out of school? \_\_\_\_\_

What grade is she currently in? \_\_\_\_\_

What school did she last attend? \_\_\_\_\_

Address: \_\_\_\_\_

Phone # : \_\_\_\_\_

Has your daughter ever been diagnosed with a learning disability? \_\_\_\_\_

If yes explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has she ever had a behavior problem in school? \_\_\_\_\_

If yes explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has she ever been in Special Ed. Classes? \_\_\_\_\_

If yes which one \_\_\_\_\_

Does she plan to attend college? \_\_\_\_\_

Where \_\_\_\_\_

FORM TO BE COMPLETED BY PARENTS  
TO HELP VICTORY CHRISTIAN ACADEMY IN THEIR  
FINANCIAL PLANNING TO MEET THEIR BUDGET

NAME OF STUDENT \_\_\_\_\_

VICTORY CHRISTIAN ACADEMY is a ministry and no student is turned away because of the inability to pay. Nevertheless, HEART MINISTRIES is in need of adequate finances in order to operate. Parents should contribute, as a donation, as much of a students expenses as possible. We estimate this to be \$1,500. a month.

\_\_\_\_\_ We are able to donate an amount within this range

\_\_\_\_\_ Date we will plan to mail our donation each month

\_\_\_\_\_ We believe the following individuals or churches might be able to help donate with us.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ We would like to contact them ourselves, to see if they are interested in helping to donate.

\_\_\_\_\_ We would rather Victory Christian Academy make the contacts and we are including addresses and phone numbers to make it eaiser.

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ PARENTS SIGNATURE \_\_\_\_\_

\_\_\_\_\_

**VICTORY CHRISTIAN ACADEMY  
201 South Victory Road  
P. O. Box 2068  
Hutchinson, KS 67504**

**Request for Student's Transcript**

**(Please give this form to the school previously attended)**

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Please send transcript by mail to P.O. Box 2068, Hutchinson, KS 67504, or Fax to  
620-463-2631, Attention Carole Cowell; Telephone 620-463-6112.**

**Heart**  
**Ministries, Inc.**  
 Victory Village

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PO Box 2068  
 Hutchinson  
 Kansas 67504  
 316. 463. 6112

AUTHORIZATION RELEASE OF RECORDS

(I) (WE), as (Parent) (Parents) or (Guardian) (Guardians) of

\_\_\_\_\_, who is a  
 student in Victory Christian Academy, give my permission to  
 Heart Ministries Inc. to request and recieve any and all  
 records, Medical, Psychological Evaluations, Testing results,  
 Treatment Plans, and any other confidential information  
 which may be a part of this students file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (If Required)

**VICTORY CHRISTIAN ACADEMY****Visitation Agreement**

1. Arrangements must be made in advance for visits. Please call and talk to a staff member.
2. Day visits should not interfere with school, and student must be back to the dorm one half hour before in room time.
3. Students may have one weekend visit at home per month, approved in advance by staff. The first of these should be at least 30 days following enrollment.
4. Students may go home at Thanksgiving, Easter and Spring Break, but everyone is required to leave for Christmas and Summer Breaks.
5. Family members and friend may come to visit with parental approval. This should be worked out with the staff.
6. Any plans for a student to return home permanently must be discussed first with the staff.
7. Provisions have been made in our school year for adequate breaks and vacations. We ask that no one make arrangements for early departures or late arrivals except in emergency situations. These must be worked out between parents and staff.
8. Any exceptions to this agreement will need to be granted at the discretion of the staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

PLACEMENT AGREEMENT

This agreement, entered into this day \_\_\_\_\_

By and between \_\_\_\_\_

and Victory Village for the placement of \_\_\_\_\_

The goal of Victory Village is to prepare students to return home, if feasible, or to prepare them to assume responsibility for living outside the parental home, as necessary. Consistent with this overriding goal,

Victory Village Agrees To:

A. Provide 24-hour-a-day care, including meals, lodging, and all other necessary services that would otherwise be offered in a parental home situation.

B. Provide bona-fide schooling, allowing students to perform at their own level of achievement, inspiring them to do their best, and helping them work toward a high school diploma.

C. Provide for adequate health care when it is needed.

D. Provide balanced instruction in four major areas-spiritual, academic, physical, and social-and provide periodic reports to parents or legal guardian.

E. Abide by applicable Kansas legal requirements.

F. Notify parents or legal guardians as soon as possible of events such as any serious health crisis, emergency treatment, law enforcement intervention, or running away.

G. Obtain parental permission for visits to the doctor or dentist, other than emergency visits.

Parents Or Legal Guardians Agree To:

A. Provide as much of the cost of care for their student as possible.

B. Supply a personal allowance for student's personal spending money, to be disbursed at the discretion of staff.

C. Assume responsibility for medical and dental cost, either through health insurance or direct payment of costs.

D. Assume replacement/repair cost for items destroyed by their student.

E. Assume transportation cost to and from Victory Village on admission, school breaks, and for return home, or any other time deemed necessary by facility director.

F. Assume cost for return of prohibited or excessive items brought by student.

G. Cooperate with Victory Village staff in providing for the well-being of student.

H. Abide by and support policies and rules governing student's conduct.

I. Assist Victory Village staff in determining length of stay or alternate placement, if necessary.

J. Provide a list of persons whom they do not wish their student to contact.

(For Victory Village)

(For Parents)