



*“Send forth Thy light and Thy truth; let them lead me, let them bring me to Thy holy hill  
and to Thy dwelling!”  
-Psalm 43:3*

**APPLICATION FOR ADMISSION UPPER ACADEMY**

**STUDENT INFORMATION:**  
(Please Print)

Date: \_\_\_\_\_

Grade Applying For: K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Name: \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ D of B \_\_\_\_\_

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

Home Phone \_\_\_\_\_ (Include Area Code)

Mobile: Dad \_\_\_\_\_  
(Include Area Code)

Mom \_\_\_\_\_  
(Include Area Code)

Home Address \_\_\_\_\_  
Street City ZIP

**SACRAMENTAL DATES:** New Light of Christ Academy families please submit Certificates

Baptism \_\_\_\_\_ Penance \_\_\_\_\_ Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Current Parish \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Transfer: Y N If yes, why? \_\_\_\_\_

Name & Address of School \_\_\_\_\_

Has student ever skipped a grade? Y N

Has student ever been held back a grade? Y N

If yes, what grade? \_\_\_\_\_

If yes to either question, please describe the situation. \_\_\_\_\_

**Checklist for Filing Application:**

<input type="checkbox"/> Application	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Health & Immunization Records
<input type="checkbox"/> Transcripts	

**PARENT INFORMATION:**

Child lives with:  Both Parents  Mother  Father  Legal Guardian

Father's Name: _____		
Last	First	Middle
Address: <i>(If different from applicant)</i> E-mail: _____		
_____		
Street	City	Zip
Occupation _____		
Business Name & Phone # _____		

Mother's Name: \_\_\_\_\_

Last

First

Middle

Address: *(If different from applicant)* E-mail: \_\_\_\_\_

Street

City

Zip

Occupation \_\_\_\_\_

Business Name & Phone # \_\_\_\_\_

### **EMERGENCY CONTACTS** (Other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Mobile \_\_\_\_\_

Include Area Codes

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile \_\_\_\_\_

Include Area Codes

### **HEALTH INFORMATION**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Doctor's Name & Phone # \_\_\_\_\_

\_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Policy Name & # \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE CONSENT    Y    N**

If parent/legal guardian cannot be reached I hereby give my consent to emergency care, including ambulance transportation and hospital services, as deemed necessary under the existing circumstances.

**PICTURE RELEASE CONSENT    Y    N**

I hereby give my consent for my child’s picture(s) to be used in school/community publications as deemed appropriate by the school.

**PERMISSION FOR EDUCATIONAL TRAVEL    Y    N**

I hereby give my permission for my child to go on any trip with the school may sponsor for groups.

**NAME OF PERSONS OTHER THAN PARENT OR GUARDIAN TO WHOM CHILD MAY BE RELEASED:**

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I hereby certify that all information on this application and all information requested by Vineyard Academy for which I am responsible is complete and accurate.

Parent or Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_

**PARENT QUESTIONNAIRE**

How did you learn about Vineyard Academy?

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Based on your knowledge of Vineyard Academy and our philosophy, “To Teach, To Educate, To Form, why are you seeking to educate your child here?

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Would your child require any type of Special Education program or have any learning differences?

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What can Vineyard Academy expect from you and your family in the areas of contributing your time, talent, or financial help?

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**NON-DISCRIMINATION POLICY**

Light of Christ Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.