

# Application for Admission

**Vineyard Christian Middle School**

P.O. Box 210  
Woodbridge, CA 95258  
(209) 333-8300  
[www.vcmslodi.com](http://www.vcmslodi.com)

## STUDENT INFORMATION (To be filled out by parent or guardian)

I HEREBY APPLY FOR ADMISSION TO VINEYARD CHRISTIAN SCHOOLS FOR  
THE \_\_\_\_\_ GRADE FOR THE FALL OF 20 \_\_\_\_\_.

Applicant's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: F M

Month/Day/Year City State

Name of School \_\_\_\_\_

Presently Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## FAMILY INFORMATION (To be filled out by parent or guardian)

FATHER

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

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

Address (if other than applicant) \_\_\_\_\_

MOTHER

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

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

Address (if other than applicant) \_\_\_\_\_

Names, Ages and grade in school of other children in our family: \_\_\_\_\_

Name and Address of parents(s)/guardian(s) to whom grade reports and financial statements are to be

sent. Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address (if other than applicant) \_\_\_\_\_

Please continue on page 2

**PARENT/GUARDIAN (To be filled out by parent or guardian)**

Are there any unique family circumstances we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of the congregation you attend: \_\_\_\_\_

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION (To be filled out by parent or guardian)**

Does the applicant have any physical handicap which would limit, in any way, participation in the full range of normal activities? If the applicant has had any recent serious physical or emotional illness, Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child received any special education services at a previous school? \_\_\_\_\_yes \_\_\_\_\_no

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the expectations you have for Vineyard Christian Middle School in the education of your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This application must be accompanied by a nonrefundable \$50.00 application fee.*

Signature of Applicant: \_\_\_\_\_

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

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

***Please note: This document is an application only and not a guarantee of admission or enrollment into Vineyard Christian Middle School.***

**VCMS Office Use:      Date Received: \_\_\_\_\_      Fee Received: \_\_\_\_\_**