

FORM #1

**APPLICATION FOR ADMISSION**  
**Vineyard Christian Family School Co-op**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

If both parents are not living at home with the student, please clarify: \_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_ City \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Home Fellowship/Small Group Leader \_\_\_\_\_

Monthly Attendance:

	Seldom	Once	Twice	3 or 4	<u>Member</u>	
					Yes	No
Student(s):	_____	_____	_____	_____	_____	_____
Father:	_____	_____	_____	_____	_____	_____
Mother:	_____	_____	_____	_____	_____	_____

Why have you chosen Vineyard Christian Family School Co-op for the education of your child?

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

How do you promote Christian living in your home? \_\_\_\_\_

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

Any information about home and family background that might be helpful:

\_\_\_\_\_

(Over)

Personal References (Friends, Pastor, Group Leader etc.)

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STUDENT INFORMATION:**

(If more than one student, please fill out additional copies of Form #1B)

Full Name of Student \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

Reason for leaving present school \_\_\_\_\_  
\_\_\_\_\_

What is your reason for desiring to send your child to the VCFS Co-op? \_\_\_\_\_  
\_\_\_\_\_

Has your student experienced any academic or disciplinary difficulties in school? \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is the student now under medical treatment or on medication? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

How long do you anticipate involving your child in the VCFS Co-op?  
\_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**A non-refundable application fee of \$25 per family is to accompany this application form.**