

Victory Christian Satellite Schools, LLC

6191 SW County Rd. 344 ~~ Trenton, Florida 32693 1(352)949-4588 ~~ vcscornwell1981@gmail.com ~~ www.vcschief.org

ADMISSION APPLICATION

Date	School Year Applying For/				
Father's Name					
Mother's Name		-04-Table			
Children's Names:		Date	e of Birth:		
Mailing Address					
# with Street Name or Post Office Box	City	State	Zip Code		
Physical Address					
# with Street Name	City	State	Zip Code		
Telephone # () -	Cell# () -			
Work # ()-Email:					
Please answer the following questions he as to whether or not VCS will admit your only desire is to discover whether or not manner.	family. The VCS Staff	is not here to	make judgments	, for its	
 Are you currently home schooling? How many children do you plan to enro Why do you want to home school? (W 	oll in VCS for current/i	next school ye	_ ear? than 150 words.)		
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4. Who referred you to VCS or how did you hear about the school?
5. FATHER: How do you know you are a Christian and add a short testimony of how and when you were saved? (Please reply in 150 words or less.)
6. MOTHER: How do you know you are a Christian and add a short testimony of how and when you were saved? (Please reply in 150 words or less.)
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7. Would you be willing to commit to a minimum of "2" years to VCSS?
After the receipt of this Admission Application a member of the VCSS Staff will be contacting you to schedule a telephone interview. If you do not receive a phone call within 14 days of sending the

to schedule a telephone interview. If you do not receive a phone call within 14 days of sending the application, please telephone the VCSS Office at #352.463.8663, leave a message with your name and phone number and someone will return your call as soon as possible.

Thank you for your interest in Victory Christian Satellite Schools and your time and attention in filling out the application. The VCSS Staff members look forward to assisting you in your quest of being the best parent / teachers you can be.

May God bless you always.