



Victory Christian Satellite Schools  
6191 SW County Rd. 344 ~~ Trenton, Florida 32693  
1 (352) 949-4588 ~~ vcscornwell1981@gmail.com  
[www.vcschief.org](http://www.vcschief.org)

# VICTORY CHRISTIAN SATELLITE SCHOOLS FORMS



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**REGISTRATION CHECK LIST:**

Please make sure you have included the following before mailing the fee.

- \_\_\_\_\_ Completed Student Registration
- \_\_\_\_\_ Signed Parental Agreement
- \_\_\_\_\_ Completed **“Curriculum Being Used”** form (of proposed course of study)
- \_\_\_\_\_ Personal letter to the directors of VCSS stating why you wish to home school and who referred you to VCSS.
- \_\_\_\_\_ \* Copy of immunization record or signed waiver
- \_\_\_\_\_ \*Copy of school physical record or signed waiver
- \_\_\_\_\_ \*Copy of last administered achievement test scores or evaluation results (Grades 1 -11)
- \_\_\_\_\_ \*A list of courses completed including grades earned (If enrolling for first time with VCSS after 8th grade)

*\*If your child(ren) are transferring from another school these items will be included in the school records forwarded from their previous school. If they were previously home-schooled the parent must provide these items.*

- \_\_\_\_\_ Release of Records form for previous school. (Give a copy to previous school and send VCSS one
- \_\_\_\_\_ Payment of registration and fees:

New Family Consultation fee (payable one time only)	\$175.00	\$ _____
Annual Registration (no monthly tuition fee)		
1 child in family	\$150.00	\$ _____
(Registration fees have not increased since 1998\)		
2 children in family	\$250.00	\$ _____
3 or more children in family	\$325.00	\$ _____
Records transfer fee from former school (\$5.00 Per student x ___ students)=		\$ _____
Senior fee	\$60.00	\$ _____
Entrance test fee:		
	(\$65 per student x _____ students) =	\$ _____
	<b>Total Fees</b>	<b>\$ _____</b>

Make check or money order payable to: **Victory Christian Satellite Schools**

Mail to: Victory Christian Satellite Schools, 6191 SW County Rd. 344, Trenton FL 32693

NOTE: Make a copy and then please include this “check list” with your fee  
 Respectfully, Rev. Carl C. Cornwell and Dr. Geneva Diane Cornwell Administrator and Director  
 (This form may be copied as many times as needed - Two per student - one to be sent to VCSS.)



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## **AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS**

PLEASE PRINT:

Student's Last Name --

First Name--

Middle Name

Student's SSN Date of Birth Grade

Family Last Name (if different from student)

Father's Name

Mother's Name

Last School Attended

School Address

Principal's Name

Telephone Number

The undersigned hereby consent to the release to **Victory Christian Satellite Schools** all educational records on the above named student including medical, testing, special education, physiological and a complete copy (or the originals) of the cumulative folder.

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **TO THE PRINCIPAL OR GUIDANCE COUNSELOR:**

We would appreciate your prompt sending of the following:

1. A of the student's record to date,, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. All health records, including immunization, vision and hearing tests.
4. A copy of all psychological reports.
5. A copy of Special Education Placement forms.

**This information should be mailed to:  
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**PARENTAL AGREEMENT WITH VICTORY CHRISTIAN SATELLITE SCHOOLS**

I / We have thoroughly read the Handbook and I /We fully understand my / our responsibility and commitment to both Victory Christian Satellite Schools and my / our child (ren) for as long as I am / we are registered as a member family with VCSS.

**NOTE:** Please PRINT all needed information, unless otherwise stated.

DATE \_\_\_/\_\_\_/\_\_\_ LAST Name (if different from parents or Guardian): \_\_\_\_\_

Physical Address (other than a P.O. Box - needed for “school plant” certification.)

\_\_\_\_\_  
 # Street Name                                  City                                  State                                  Zip Code

Home Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Student’s First, Middle & Last Name	Date of Birth	Grade Entering
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

To obtain the student’s records from the former school, please fill in the blanks below.  
 Include \$5 for the cost of obtaining the records.

Name of Former School: \_\_\_\_\_ Principal’s Name \_\_\_\_\_

Address of Former School \_\_\_\_\_

City/State/Zip of Former School \_\_\_\_\_

PRINTED name of parent or guardian \_\_\_\_\_

Signature of Parent (or Guardian) \_\_\_\_\_



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## INDIVIDUAL STUDENT REGISTRATION FORM

If re-enrolling V.C.S. # \_\_\_\_\_ - \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ (Check to see the date that you paid your enrollment fee for the present year.)

Student's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Physical Address: (For school plant certification only.)

House Number \_\_\_\_\_ Street name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip plus 4 \_\_\_\_\_

Mailing Address

House or PO Box Number \_\_\_\_\_ Street name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip plus 4 \_\_\_\_\_

Email Address:

Father's/Guardian's Name: (please print) \_\_\_\_\_

Mother's/Guardian's Name: (please print) \_\_\_\_\_

### STATEMENT of COOPERATION

**In making application for my/our child, It is my/our desire to have him/her complete  
the school year of 20\_\_-20\_\_**

It is my/our understanding with Victory Christian Satellite Schools that all legitimate forms required by the school, and affirmed with my/our signature (s), as well as book reports, themes, essays, etc. written by my/our child, along with basic skills test scores or the end-of-the-year evaluation, which may be administered by someone other than Dr. Geneva Diane Cornwell, accompanied with a completed grade report sheet, the signed attendance form and all student quarterly performance reports for December, March, June and September, will be sent in by me/us at designated times.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## CURRICULUM BEING USED

(For VCSS Member Family use only. This form may be copied as many times as needed.)

Student's Name \_\_\_\_\_ VCSS # \_\_\_\_\_ - \_\_\_\_\_ Grade Level \_\_\_\_\_ School Year \_\_\_\_\_ / \_\_\_\_\_

**IMPORTANT:** All single starred (\*) subjects are required for **all** grade levels.

- All double starred (\*\*) subjects are required for Grade K - 3<sup>rd</sup>.
- All triple starred (\*\*\*) subjects are required for Grade 4<sup>th</sup> - 8<sup>th</sup>.
- All quadruple starred (\*\*\*\*) subjects are required for Grades 9<sup>th</sup> - 12<sup>th</sup>.

**NOTE:** If a Reading book or Text is not used, simply complete the "resource" blank with the name(s) of people, library book(s), reference book. If more room is needed continue on the back of this form. Copy front and back for your files.

SUBJECT TEXT OR RESOURCE	
<b>*BIBLE</b>	
<b>ENGLISH STUDIES</b>	<b>*Reading</b>
	<b>**Copying</b>
	<b>***&amp;****Grammar</b>
	<b>*Spelling</b>
	<b>*Punctuation</b>
	<b>***&amp;****Creative Writing</b>
<b>**ARITHMETIC</b>	
<b>***&amp;****MATH</b>	
<b>**&amp;***PENMANSHIP (Handwriting)</b>	
<b>***&amp;****HISTORY</b>	
<b>***&amp;****GEOGRAPHY</b>	
<b>***&amp;****SCIENCE</b>	
<b>*HEALTH</b>	
<b>*PHYSICAL EXERCISE PROGRAM (P.E.P)</b>	
<b>*MUSIC APPRECIATION</b>	
<b>*ART APPRECIATION (can be arts &amp; crafts)</b>	
<b>High School ELECTIVES</b>	<b>SUBJECT</b>
	<b>TEXT or RESOURCE</b>



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## STUDENT PERFORMANCE QUARTERLY REPORT

(circle month) **DECEMBER**    **MARCH**    **JUNE**    **SEPTEMBER**    School Year 20\_\_-20\_\_

Student's Name \_\_\_\_\_ VCSS # \_\_\_\_\_ - \_\_\_\_\_ Grade Level \_\_\_\_\_

(May be copied as needed for VCSS Member Families only.)

**INSTRUCTIONS:** In the box for each subject, place a short synopsis of what had been learned, OR report the number of pages, chapter or units which have been covered during the three month period. Follow the instructions below, while being as brief as possible.

<b>BIBLE</b>	
<b>ENGLISH STUDIES</b> (research, record, relate and report -must include Reading, Spelling, Grammar and Punctuation )	
<b>ARITHMETIC / MATH</b>	
<b>HISTORY</b>	
<b>GEOGRAPHY</b>	
<b>SCIENCE</b>	
<b>MUSIC APPRECIATION</b>	
<b>ART APPRECIATION</b>	
<b>PHYSICAL EXERCISE PROGRAM</b>	
<b>CIVICS</b> (High School Students)	
<b>US GOVERNMENT</b> (High School Students)	
<b>ECONOMICS</b> (High School Students)	
<b>ENVIRONMENTAL STUDIES</b> (High School Students)	
<b>HUMANITIES</b> (High School Students)	
<b>ELECTIVES</b> High school only	

I, the parent / teacher of my child, certify that this is a complete and accurate account of what has been taught to my student for this quarter in his / her personalized program of instruction with me as the tutor.

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



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## STUDENT GRADED REPORT SHEET

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ VCSS Number \_\_\_\_ / \_\_\_\_

Subjects in <b>Bold</b> required for all grades Subjects in <i>Italics</i> are required for graduation	<b>FIRST Quarter</b>	<b>SECOND Quarter</b>	<b>THIRD Quarter</b>	<b>FOURTH Quarter</b>	<b>AVERAGED GRADES number/letter</b>
<b>CORE SUBJECTS</b>					
<b>Bible</b>					
<b>English Studies</b>					
<b>Math</b>					
<b>CONTENT SUBJECTS</b>					
History					
Geography					
Government-1/2sem					
Economics-1/2sem					
Civics					
Science					
Environmental Studies					
<b>P.E.P.</b>					
<b>Art Appreciation •</b>					
<b>Music Appreciation •</b>					
Humanities					
<b>HIGH SCHOOL ELECTIVES</b>					
<b>K-3rd Grade Students:</b> <b>O = Outstanding</b> <b>E = Excellent</b> <b>S = Satisfactory</b> <b>N = Needs Improvement</b> <b>I = Improved</b>	<b>4th-12th Grade Students:</b> <b>94 -100 = A</b> <b>87 -93 = B</b> <b>80 -86 = C</b> <b>79 -0 no credit</b>	<b>1) For high school students: Subjects with stars under you must specify each course discipline such as, Algebra, et. al. Biology, et. al. Am History, et. al. 2) At end of the school year average all grades before sending report sheet to the VCSS Office. Be sure to make a copy for you own records. 3) Print and sign your name on the blanks below.</b>			

I, the parent / teacher of my child, certify that this is a complete and accurate account of what has been taught to my student for this school year in his / her personalized program of instruction with me as the tutor.

Printed Name of Parent or Guardian: \_\_\_\_\_

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





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**MUSIC, ART AND P.HYSICAL E.XERCISE P.ROGRAM (P.E.P.)  
 ANNUAL REPORT SHEET**

(For VCSS Member Family use this form may be copied as many times as needed.)

Student's Name \_\_\_\_\_ VCSS # \_\_\_\_\_ - \_\_\_\_\_ Grade Level \_\_\_\_\_ School Year 20\_\_ -20\_\_

Family Name (*If different than student's*) \_\_\_\_\_ County/City/State \_\_\_\_\_

**MUSIC\*** Instrument(s) pursued: \_\_\_\_\_ and or Biographies read: \_\_\_\_\_

\_\_\_\_\_ and/or Books/Songs studied: \_\_\_\_\_

Summary of progress, achievement and/or knowledge gained: \_\_\_\_\_

\_\_\_\_\_ Final Grade \_\_\_\_\_

**ART\*** Subject area covered: \_\_\_\_\_ and or Biographies read: \_\_\_\_\_

\_\_\_\_\_ and/or Books/Courses studied: \_\_\_\_\_

Summary of progress, achievement and/or knowledge gained: \_\_\_\_\_

\_\_\_\_\_ Final Grade \_\_\_\_\_

**P.E.P.** Exercises/Activities pursued: \_\_\_\_\_

Biographies read: \_\_\_\_\_

Individual Sport and/or organized Athletic Sport Involvement pursued: \_\_\_\_\_

Summary of progress, achievement and/or knowledge gained: \_\_\_\_\_

\_\_\_\_\_ Final Grade \_\_\_\_\_

**\*TO THE INSTRUCTOR:** If this report is for a high school student and if said student is taking a **HUMANITIES** course for **FULL** credit, please draw a diagonal line through the **MUSIC** and **ART** section of this form and write on the line, the following words "**see Humanities booklet**" and write your initials. **NOTE: THIS REPORT SHOULD BE SUBMITTED TO VCSS WITH COMPLETED REPORT CARD AT THE END OF YOUR SCHOOL YEAR.**

**Instructor's Signature** \_\_\_\_\_



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## FIELD TRIP QUESTIONNAIRE

**NOTE TO PARENTS:** This questionnaire is specifically designed for the Kindergarten through 3<sup>rd</sup> grade student (ONLY) who has not yet mastered writing skills or is a reluctant writer. You, as the parent/teacher, may allow the student to dictate what he/she understood and learned about the experience. You may copy this form as many times as needed, but ONLY for your own student,s use.

Name of Student \_\_\_\_\_ VCSS # \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Level \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_ Age of Student \_\_\_\_\_

1) Where did the field trip take place? \_\_\_\_\_  
\_\_\_\_\_

2) Did your enjoy this field trip? Yes No (circle one)

3) What did you like the most about the field trip and why? \_\_\_\_\_  
\_\_\_\_\_

4) What did you see that showed you how much God cares for you or His creation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) What did you learn on this field trip that you did not know before? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) What was it on this field trip that interested you enough that you would like to learn more? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Using an encyclopedia or doing an experiment will help you to learn more about what you learned on this field trip. Which one did you do? \_\_\_\_\_  
\_\_\_\_\_

8) Would you encourage this type of a field trip to another student? Why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) If there is anything you would like to have changed about this field trip what would that have been? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) The student may have personal comments about the field trip, which can be written on the back of this form.

**Note to the Parent / Teacher:** If you plan on making this questionnaire a “test” for the student, all ten questions must be answered, giving each question the equivalent of ten points each. You would then grade accordingly and place score in your grade book.



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## END OF SCHOOL YEAR ATTENDANCE REPORT

**To the Parent / Teacher:** At the end of the school year please fill out this form, sign it and mail to the VCSS Office. Accompany this form with the student's completed and signed report card, last quarterly report for the school year, as well as all required essays and / or book reports for Grades 4-12.

\*\*\*\*\*

Send form to:  
 Victory Christian Satellite Schools  
 6191 SW County Rd. 344  
 Trenton FL 32693-6305

\*\*\*\*\*

### ATTENDANCE FORM

I, the undersigned, do hereby state that

\_\_\_\_\_

(First and last name of student)

has been instructed days

for the period from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
 (beginning month and year to ending month and year)

\_\_\_\_\_

(Teacher's / Instructor's Signature)

NOTE: Victory Christian School is a bona fide "non public" (private) school with the State of Florida (data base #210138). VCSS holds accreditation membership through National Association of Private Schools, Oklahoma City, OK. VCSS administrative headquarters are located in Gilchrist County, Florida and is an outreach of Still Waters Ministries.

*The requirements of instruction for any student who is registered with VCSS is a minimum of 3-4 accumulated hours per day and between 170-180 days per year. Instruction needs to include Bible study, Christian character development and life skills studies, as well as the basics in academic skills, based on the commensurate ability of the individual student.*



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## ADULT HIGH SCHOOL REGISTRATION FORM

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last Month/Day/Year

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_  
Number Street Name Apartment #

Post Office Box Number (If applicable) \_\_\_\_\_ . City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of Registering Student \_\_\_\_\_

Name of former regular school attended or with which you were registered \_\_\_\_\_  
\_\_\_\_\_

Name of School's Student Service Director (If known) \_\_\_\_\_

Former School's Address \_\_\_\_\_  
Street Number and Name or P.O. Box Number

\_\_\_\_\_  
City/State/Zip Code

NOTE: This information is needed in order to request your records to verify any credits you may have acquired when you were a full time high school student.

After completing this registration form and signing it, make a copy for your files, include the non-refundable \$175 fee (which includes the tuition for the first quarter) and send the forms with your original signature to the VCSS Office.

**IMPORTANT:** Before sending this form, you must include five written reports (printed by hand or electronically typed):

- 1 Your Christian testimony
- 2 Volunteer community work
- 3 Life skills knowledge
- 4 Practical skills knowledge
- 5 Work experience.

(There is a strong possibility that you will receive credit for these experiences and/or skills.)

At the top right hand corner of the first page of each report, print your name, address, telephone number and proposed year of graduation. At the end of each report, sign your name. After the VCSS Office receives your fee, forms and reports, as explained above, and the information from your former school(s), you will then receive information as to the requirements you will need to meet in order to earn a VCSS regular diploma. **ADDITIONAL INFORMATION:** To keep yourself up-to-date, it is most important that you keep reviewing the copies of the forms you have mailed to the VCSS Office. Most students in the VCSS Adult High School Regular Diploma Program take about 12 months to complete all credits needed. If is up to you, but should you need a longer length of time, please let the VCSS Office know with a written letter and also inquire as to whether the annual registration fee has changed.