



Victory Christian Satellite Schools, LLC
6191 SW County Rd. 344 ~~ Trenton, Florida 32693
Tel#1 (352) 463-8663 ~~ vcscornwell1981@gmail.com
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) = \$_____

Total Fees \$_____

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 keep and 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 promptness in sending 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.)

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 - 3rd.
- All triple starred (***) subjects are required for Grade 4th- 8th.
- All quadruple starred (****) subjects are required for Grades 9th- 12th.

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



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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.

BIBLE
ENGLISH STUDIES (research, record, relate and report -must include Reading, Spelling, Grammar and Punctuation)
ARITHMETIC / MATH
HISTORY
GEOGRAPHY
SCIENCE
MUSIC APPRECIATION
ART APPRECIATION
PHYSICAL EXERCISE PROGRAM
CIVICS (<i>High School Students</i>)
US GOVERNMENT (<i>High School Students</i>)
ECONOMICS (<i>High School Students</i>)
ENVIRONMENTAL STUDIES (<i>High School Students</i>)
HUMANITIES (<i>High School Students</i>)
ELECTIVES 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 Bold required for all grades Subjects in <i>Italics</i> are required for graduation		FIRST Quarter	SECOND Quarter	THIRD Quarter	FOURTH Quarter	AVERAGED GRADES number/letter
CORE SUBJECTS						
Bible						
English Studies						
Math						
CONTENT SUBJECTS						
History						
Geography						
Government-1/2sem						
Economics-1/2sem						
Civics						
Science						
Environmental Studies						
P.E.P.						
Art Appreciation •						
Music Appreciation •						
Humanities						
HIGH SCHOOL ELECTIVES						
K-3rd Grade Students: O = Outstanding E = Excellent S = Satisfactory N = Needs Improvement I = Improved		4th-12th Grade Students: 94 -100 = A 87 -93 = B 80 -86 = C 79 -0 no credit		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.		

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 3rd 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 you 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 Satellite Schools, LLC 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.

Instruction requirements 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 it 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.