



VICTORY COLLEGIATE ACADEMY

3535 N. 63rd AVE
PHOENIX, AZ 85033
OFFICE: 623-810-9781

SCHOOL SCHEDULE

MONDAY - THURSDAY

8:00 AM - 3:30 PM

FRIDAY

8:00 AM - 12:45 PM

SCHOOL CAMPUS OPENS AT 7:30 AM
BREAKFAST BETWEEN 7:30 - 8:00 AM



VICTORY COLLEGIATE ACADEMY
ENROLLMENT DOCUMENT REQUIREMENTS

These documents must be submitted in order to complete the enrollment process.

- ☐ New Student Registration Forms
- ☐ Student Pick Up Authorization
- ☐ Previous School Information form
- ☐ Agreement of Support
- ☐ Internet Use Policy Agreement
- ☐ Request for Release of Student Records Form
- ☐ Permission to Walk Home Form
- ☐ Physical Activities Acknowledgement and Assumption of Risk and Release
- ☐ Consent for Medical/Dental Emergency Treatment Form
- ☐ Media Release
- ☐ Confidential Student Health History
- ☐ "My Allergies" Form
- ☐ Military Connected Student Form
- ☐ Services and Support Information Form (Optional)
- ☐ Arizona Student Residency Questionnaire (Optional)
- ☐ Customer Satisfaction Questionnaire (Optional)

Additional Items Needed:

- ☐ Immunizations (Doctor's Copy) or Exemption Forms
- ☐ Custody Papers if applicable
- ☐ IEP/504 Plan if applicable (Optional)
- ☐ I.D. of Parent Enrollment Student/s
- ☐ Proof of Address
- ☐ Birth Certificate
- ☐ Attendance Records
- ☐ Discipline or Behavior Records
- ☐ Academic Assessment Records (report cards, state testing assessment reports, school benchmarks)

For Office Use Only:

- ☐ Proof of Age and Identity
☐ Immunization
☐ Legal Documents
☐ ESS (IEP/504)
☐ Start Date: _____
☐ Student SAIS #: _____

New Student Registration Form
2026-2027 School Year

Student Information		
Last Name:	First Name:	Middle Name:
Gender: ☐ Male ☐ Female	Home Phone Number (Area Code):	
Date of Birth:	Place of Birth:	
Student Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino		

Parent Guardian Information	
Name of Mother/Guardian:	Name of Father/Guardian:
☐ Mother ☐ Step ☐ Guardian ☐ Foster	☐ Father ☐ Step ☐ Guardian ☐ Foster
<i>Please Check One Below:</i> ☐ Lives with (primary residence of student) ☐ Has legal Custody*	<i>Please Check One Below:</i> ☐ Lives with (primary residence of student) ☐ Has legal Custody*
Address:	Address:
City/State/Zip:	City/State/Zip
Employer:	Employer:
Home Phone: Cell Phone: Work Phone:	Home Phone: Cell Phone: Work Phone:
Email:	Email:
<i>*Official court documents may be submitted to the school in cases of divorce, separation, custody, or other legal issues.</i>	

In Case of Emergency Contact Information (minimum of 2 contacts required; cannot be parent or guardian)

Name: Telephone: Relationship:

Okay to Pick Up:

☐ Yes ☐ No

Name: Telephone: Relationship:

Okay to Pick Up:

☐ Yes ☐ No

If you are unable to reach me in an emergency, I give permission for my child to be transported to the nearest hospital by ambulance. I further realize that I am responsible financially for the payment of all ambulance and hospital charges. Students who become ill or have an emergency at school must be picked up within a half hour of parent/emergency contact being notified.

☐ Yes ☐ No

RACE: Select one or more (Requested by the Arizona Department of Education)

☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian ☐ White

☐ Tribe Name: _____ ☐ Latino/Hispanic ☐ Native Hawaiian or Other Pacific Islander

Has student ever been expelled or in the process of being expelled from any school? ☐ Yes ☐ No

Are there any legal or custody issues involving student? ☐ Yes ☐ No (Submit current legal documents)

Which transportation will the student be using to and from school?

☐ Bus ☐ Parent Drop Off/Pick Up ☐ Walk Home ☐ Other: _____

Are you interested in submitting an application for your student/s to participate in the FREE Before Care or After Care? ☐ Yes ☐ No

Email and Text Communication From the School:

☐ I would like to receive email messages from my child's school at the address listed above

☐ I would like to receive text messages from the my child's school at the number listed above

Student Pick Up Authorization

*The following people have permission to pick up my child. (Please make sure contacts are aware they are on the list. If we cannot contact you, we will first call emergency contacts and also the people on the list in order they are listed)

Last Name, First Name	Relationship to Student	Phone Number	Email Address

Legal Guardianship or Custody Papers are necessary based on the following scenarios:

- If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate
- If a student lives with one custodial parent as the result of a divorce
- If the student lives with anyone else. I.e. grandparents, aunt, uncle, sibling, friends, or relatives. **We must have a photocopy of the court papers granting guardianship within 30 days of enrollment.**

Please complete the following. If not applicable, please select N/A in blank spaces as such.
If parents are separated/divorced, who has legal custody: _____ ☐ N/A
Does the non custodial parent have restricted visitation rights? ☐ Yes ☐ No ☐ N/A
If yes, please explain and provide documents: _____
If no, please select ☐ N/A

Siblings Enrolled at Victory Collegiate Academy			
Last Name, First Name	Relationship to Sibling (Circle)		Grade
	Brother	Sister	
	Brother	Sister	
	Brother	Sister	
	Brother	Sister	
Siblings Enrolled at Other Victory Schools Campuses (Victory Futures Academy, Victory Autism Academy, etc)			
Last Name, First Name	Relationship to Sibling (Circle)		Grade and School
	Brother	Sister	
	Brother	Sister	
	Brother	Sister	

Previous School Information: Name and Address of Last School Attended

Please Complete the Following Sections (Optional)
Is your student currently suspended or being considered for long-term suspension? ☐ Yes ☐ No
Has your student ever been recommended, tested, or qualified for Special Education Services? ☐ Yes ☐ No
Is your student receiving Resource/Special Education Services? ☐ Yes ☐ No
Is your student receiving Speech/Language Services? ☐ Yes ☐ No
Has your student ever received any of these services in the past? ☐ Yes ☐ No
If yes, where and when did your student receive these services?:
Does your student have a 504 Accommodations Plan (Optional)? ☐ Yes ☐ No
Has your student had a 504 Accommodations Plan in the past (Optional)? ☐ Yes ☐ No
Is your student enrolled or have been previously formally enrolled in Gifted Education Classes? ☐ Yes ☐ No

*This information is used for continuity of services and accommodations, not for enrollment decisions.

Agreement of Support

Parent/Guardian:

As a parent/guardian of a child attending Victory Collegiate Academy, I agree to support the school and abide by the policies and procedures as indicated in the Parent/Student Handbook. By signing below I am acknowledging that the VCA Parent/Student Handbook is available on the VCA website.

Parent Name Signing: _____

Parent Signature: _____

Date: _____

Student:

As a student of Victory Collegiate Academy, I agree to accept the responsibility for the policies and procedures described in the Parent/Student Handbook. By signing below I am acknowledging that the VCA Parent/Student Handbook is available on the VCA website.

Student Name Signing: _____

Student Signature: _____

Date: _____

Internet Use Policy

Use of VCA's computer network is a privilege, not a right. Students may use the computers as long as they observe the rules as outlined below. Failure to follow these rules will result in loss of computer network privileges, detention, or suspension per the VCA Student Handbook.

1. The network is to be used only for activities that support education and research related to assigned schoolwork.
2. The network is not to be used for any illegal purpose. Illegal activities include tampering with the computer hardware or software, unauthorized entry into computers, or knowledgeable vandalism or destruction of computer files. Such activity is considered a crime under state and federal law.
3. Copyrighted material is not to be copied without permission. Copyright laws and regulations regarding software, information, and attribution of authorship are to be respected. No software other than what is provided by the school may be installed.
4. Any use of the network, which involves obscenity, profanity, racism, sexism, personal attacks, harassment, or offensive messages or pictures is prohibited. Any such content found will result in immediate loss of privilege, detention and/or suspension.
5. Passwords and/or accounts are not to be shared. Violations of the policy that can be traced to an individual account will be treated as the sole responsibility of the owner of the account.
6. It is against policy to attempt to use the accounts and passwords of others, using pseudonyms, anonymity or attempting to access information of others.
7. It is against policy to knowingly degrade the performance of the network. Electronic chain letters and "mail-bombs" are prohibited.
8. Students who have knowledge of violations of these policies must report the information immediately to the teacher, principal, or system operator.

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document:

To be completed by all Parents/Guardians:

I give permission for my student to participate in the use of the Internet, a worldwide telecommunications network. I realize that my student will be able to access major networks throughout the world using the internet. I understand that this access is designed and intended for education purposes only. I also understand that the student will receive instruction in the appropriate use of this resource. I realize the internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Victory Collegiate Academy accountable for unsuitable materials acquired by the student through internet usage for the school.

I acknowledge that I have read the Internet Use Policy.

Students Name: (Please Print) _____

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____

Date: _____

To be completed by Student:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Victory Collegiate Academy to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student Name: _____ Grade: _____

Student Signature: _____

Date: _____ Witnessed by: _____



Request for Release of Student Records

Please forward the transcript(s) of:

Student Name: _____ Date of Birth: _____

Date Enrolled On: _____ SAIS: _____

Previous School Information:

School Name: _____ Last Grade Enrolled In: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. **If this student is a special education student, please forward those records as well.**

Please send the following information to: Frontoffice@victorycollegiateacademy.com

Information Requested To Be Sent	
Proof of Age	Special Education
Immunization Records/Health Records	MET/IEP
Official Transcripts	- Psycho- Educational Evaluations
AIMS Student Report Information	- Speech Evaluations
Test Scores (SELP/AZELLA Scores)	- Behavior Plans
Official Withdrawal Form	- 504 Accommodation Plan
Grades to Date of Withdrawal	- Psychiatric/Occupational/Physical Therapy Evaluations
Discipline and Attendance Records	- Medical Records/Medical Diagnosis
Hearing and Vision Screening Results	

Signature of Parent/Guardian

Date

Home Address

Telephone

*****Office Use Only*****

School Fax/Email: _____ School Phone Number: _____

1st Attempt

2nd Attempt

3rd Attempt

Permission to Walk Home Form

To be completed by Parents/Guardians:

- ☐ I give my permission for my child to walk/bike home on their own, unattended after school.
- ☐ I give my permission for my child to walk home after being dropped off at the assigned bus stop.
- ☐ I **do not** give my permission for my child to walk home as they have another means of transportation.

I understand that when my student walks home on their own, after leaving the school premises, it is my responsibility to ensure that they arrive home safely.

I have explained to my child the safety aspects of walking/biking home on their own.

I understand that my child will only be released to walk/bike home unattended after regular school dismissal – 3:30 PM for grades K - 8, after early release dismissal at 12:45 PM for grades K - 8

I understand that once my child has been released from Victory Collegiate Academy in accordance with my permissions and school policy, Victory Collegiate Academy is no longer responsible for my child, and I take full responsibility and liability for my child's safety, well-being and behavior once my child is no longer on school premises.

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____

Physical Activities Acknowledgement and Assumption of Risk and Release

Participant's Name: _____

Physical Activities require each Participant's parent or guardian to sign this Acknowledgement and Assumption of Risk and Release. By signing this document, you:

1. Acknowledge that injury can result from the Participant's participation in physical activity.
2. Represent to the Victory Collegiate Academy, and their affiliates, schools, officers, employees, and members (the "VCA") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful or inadvisable for him/her to do so.
3. Assume the risk of and release and hold the Victory Collegiate Academy harmless from and against all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and
4. Agree that neither the Victory Collegiate Academy, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm that Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on myself, my spouse, my children, legal representatives, heirs, successors and assigns:

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____

Consent for Medical/Dental Emergency Treatment

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

Student Name	
Date of Birth	

☐ **Yes, I give permission** for my child to receive emergency medical treatment by the authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference: _____

Medical Insurance Carrier: _____

Family Physician Name: _____

Dentist Insurance Carrier: _____

Family Dentist Name: _____

Please explain any special procedures or requests: _____

☐ **No, I do not give permission** for my child to receive emergency medical treatment.

Current medication(s): _____

Known Allergies: _____

Medical History (Check all that apply)			
☐ Measles	☐ Asthma	☐ Heart Condition	☐ Ear Infection
☐ Chickenpox	☐ Vision Impairment	☐ Physical Handicap	☐ Convulsive Disorder
☐ Hearing Impairment	☐ Diabetes	☐ Scoliosis	☐ TB
☐ Other -Please explain:			

Consent for Medical/Dental Emergency Treatment Agreement

Prescription Medication:

I understand that if my student needs prescription medication or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the Health Aide regarding medication to be administered.
3. All medications shall be kept in the health office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____

MEDIA RELEASE FORM 2026-2027
(FOR CURRENT AND NEW STUDENTS)

Student First, Middle and Last Name	
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Please pick one:

☐ I **understand and agree** that my child's picture may be taken at school or during outside school activities and used in the school news, local newspaper, VCA's website or Facebook and Twitter pages; or in the case of video, may appear on TV or the website. In addition, I agree that the publication or an article or schoolwork may also appear on the above-mentioned venues.

☐ I **do not** grant permission for my child's photograph to be featured in school news, local newspapers, the VCA's website or Facebook and Twitter pages or any video that may appear on TV or the website. In addition, I do not agree with the publication of an article or schoolwork that may also appear on the above-mentioned venues.

IT IS IMPERATIVE THAT THIS FORM BE RETURNED TO THE SCHOOL TO BE FILED IN YOUR CHILD'S RECORDS.

PARENT/GUARDIAN SIGNATURE

DATE

Victory Collegiate Academy
3535 N. 63rd Ave
Phoenix, Arizona 85033
(623) 810-9781

Confidential Student Health History Update and Consent Form 2026-2027 (Optional)

Student Information (Optional)		
Last Name: _____ First Name: _____ Middle Name: _____	Date of Birth: _____ Current Age: _____	Gender: ☐ Male ☐ Female
Grade: _____ (26/27 SY) Today's Date: _____	Home Phone: _____ Cell Phone: _____	Parent/Guardian (Person Completing Form): _____

Student Health History (Optional)	
Questions: Does your child have or have they recently had any of the following?	If yes, please explain:
<i>An ongoing Medical condition?</i>	
<i>Seen a medical specialist in the past few years?</i>	
<i>Allergies specifically to:</i> <i>(See My Allergies Section Below for More Info)</i>	☐ Food ☐ Grass ☐ Insects ☐ Dust ☐ Medication ☐ Mold ☐ Other: _____
<i>Been hospitalized</i>	
<i>Had an operation</i>	
<i>Had an emergency injury needing treatment</i>	
<i>Broken bone, muscle sprain/strain/tear</i>	
<i>Seizure or Convulsion</i>	
<i>Passing Out or Head Injuries</i>	
<i>Special Dietary Needs</i>	
<i>Had a Vision problem or condition</i>	
<i>Had a Hearing problem or condition</i>	
<i>Braces, mouthpiece, or major dental work</i>	
<i>Asthma or Inhaler use</i>	If yes, provide instructions for asthma condition and materials are needed:

Current Medications Used (Optional)			
Medication Name	Dose/Dosage Prescribed	Time Given	Special Instructions

I ALLOW SCHOOL PERSONNEL TO GIVE MY CHILD MEDICATIONS THAT I HAVE SUPPLIED. ☐ Y ☐ N

I ALLOW SCHOOL PERSONNEL TO GIVE MEDICAL CARE/FIRST AID AND TO CALL 911, IF NEEDED. ☐ Y ☐ N

I ALLOW SCHOOL PERSONNEL TO GIVE OVER THE COUNTER MEDICATIONS SUCH AS (please check):

- ☐ TYLENOL ☐ IBUPROFEN ☐ BENADRYL (ALLERGY) ☐ COMMON COLD/COUGH MEDICINE
☐ 1st aid OINTMENT ☐ EYE WASH ☐ AMBESOL FOR TOOTH PAIN
☐ SALTWATER GARGLE OR NOSE SPRAY

*** ** GIVEN AS A 1 DAY COURTESY DOSE****SCHOOL WILL NOTIFY ME BY NOTE OR CALL. *****

☐ I WILL SUPPLY ANY FURTHER “OVER THE COUNTER” MEDICATION, WITH INSTRUCTIONS, THAT MY CHILD MAY NEED. THIS WILL BE TURNED INTO THE FRONT OFFICE.

☐ I DO NOT WANT ANY “OVER THE COUNTER MEDICATIONS” GIVEN TO MY CHILD.

Are your child’s immunizations/exemptions up to date?

☒ YES ☐ NO

Immunizations/exemptions must be current by the first day of school attendance. Please see the list of required immunizations and schedules on the Arizona Department of Health Services website or call (602) 263-8856 for requirements and free clinic hours.

Student Immunization Information

I certify that the information above and all health-related information is correct, current and complete.

PARENT/GUARDIAN (PRINT)_____ SIGNATURE_____ DATE_____

My Allergies

Student First, Middle and Last Name	
--	--

Food Allergies *Please write none if there are no allergies	
Allergic To:	Medication Prescribed:

Natural Seasonal Allergies *Please write none if there are no allergies	
Allergic To:	Medication Prescribed:

Other Allergies *Please write none if there are no allergies	
Allergic To:	Medication Prescribed:

Parent Signature: _____ Date: _____

Military Connected Student

School Year 2026-2027

Student Name: _____

Date of Birth: _____

Name of Mother/Legal Guardian: _____

Name of Father/Legal Guardian: _____

Date: _____

- ☐ Student is a dependent of a member of the United States military service Air Force, Army, Marine Corps, Navy, or Coast Guard on **Active Duty**.
- ☐ Student is a dependent of a **fulltime** member of the National Guard, or Reserve force of the United States military (Air Force, Army, Marine Corps, Navy).
- ☐ Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps, Navy, or Coast Guard)
- ☐ None of the above

Parent/Legal Guardian signature below affirms the information provided is accurate and complete.

Parent/Guardian Name: (please print): _____

Parent/Guardian Signature: _____

Date: _____

Services and Support Information
(Optional)

Services and Support Information Section (Optional)

Student Name (First, Middle and Last):

Grade (26/27 SY):_____ Birth Date:_____

Please select yes or no for each question

Do you have any concerns about your student's educational performance?

☐ Yes ☐ No

Do you have any concerns about your student's behavior/social-emotional skills?

☐ Yes ☐ No

Has a teacher or professional ever expressed concerns about your student's academic or behavior skills?

Has your student ever been evaluated for special education services?

☐ Yes ☐ No

Has your student ever been evaluated for a disability?

☐ Yes ☐ No

Please explain any "YES" answers:

Has your student ever received services or support in the following areas (select all that apply):

- ☐ Academic Intervention ☐ Speech-Language Therapy ☐ Occupational Therapy
☐ Psychological Testing ☐ Counseling/Mental Health ☐ Physical Therapy

Please be advised:

- Federal Regulation 34 C.F.R. 300.302 requires that students be routinely screened for difficulties that may impede their access to learning as a part of early intervention and support. This is not an evaluation or a determination of eligibility for services.
- Arizona Administrative Code R7-2-401(D)(8) requires that all new and transfer students are also screened for concerns within 45 calendar days of enrollment. If any concerns are presented at that time, parents are notified within 10 school days.
- Arizona Revised Statute §15-249.10 requires that all students in grades Kindergarten through 3rd grade are screened regularly for reading problems including dyslexia.

I understand that my signature below is for verifying the accuracy of the information above. This is not an authorization for evaluation and/or testing or to place your child in special education.

Parent/Guardian Signature:_____

Date:_____

Arizona Student Residency Questionnaire (Optional)

The information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____

Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student:

Relationship to the student:

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home) What date did you begin staying here? _____
- ☐ In a shelter/transitional housing program (name of agency): _____
_____ What date did you begin staying here? _____
- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____
- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____
- ☐ With an adult that is not a parent or court appointed legal guardian
- ☐ Alone, not in the care of a parent or court appointed legal guardian
- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

*****For School Use Only*****

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student:

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Student Name: _____

Date: _____



CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Victory Collegiate Academy. We are committed to serving all our families, students, parents, and staff in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction, and all responses will be kept confidential.

1. How did you hear about us?

Newspaper ☐

Flyer ☐

Internet ☐

Friend or Relative ☐

Passed by School ☐

Postcard ☐

VCA Student ☐

Enrollment Event ☐

Referral from other School: (Name of school) _____

2. Were all questions regarding the enrollment process and VCA answered to your satisfaction?

3. Yes ☐ No ☐

If the answer is NO, please explain:

If you have any suggestions for improving customer service and/or the registration process - please list them below. Thank you for taking the time to complete the questionnaire. Your feedback is important to us.