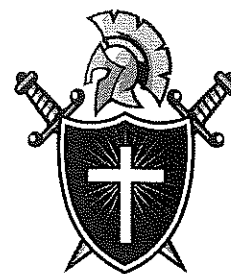


VisionWay CHRISTIAN SCHOOL

Preschool through Grade 8



STUDENT REGISTRATION

"Therefore put on the full armor of God..." Ephesians 6:13-17

Grade-Level: _____ New Student Re-enrollment Registration Amount Paid: _____

STUDENT INFORMATION

Student's Legal Name (Last, First, Middle) _____

_____/_____/_____
Date of Birth

Preferred Name _____

Gender _____

Age _____

Address (Street Address/PO Box #, City, State, Zip) _____

Email Address _____

If parents are separated or divorced, with whom does the student reside?

Name _____ Relationship _____

List any legal authority or parental restrictions. _____

What is your home school district? _____

NEW STUDENTS ONLY:

Last School Attended _____

School Phone Number _____

School Address (Street Address/PO Box #, City, State, Zip) _____

Does your student have an IEP or receive Special Education services? Yes _____ No _____

If so please attach a copy.

How did you hear about VisionWay Christian School? _____

Why do you want your student to attend VisionWay Christian School? _____

VisionWay Christian School

1124 N. Webster St.

Taylorville, IL 62568

Phone: (217) 824-6722

Fax: (217) 824-6622

www.visionwayschool.org



Member of the Association of
Christian Schools International

Mrs. Renee Brown

Administrator

renee.brown@visionwayschool.org

Steps to Admission

New Students

Complete and return the application
with the appropriate fees

FATHER/GUARDIAN INFORMATION

Name

Address (Street Address/PO Box #, City, State Zip)

Marital Status

Relationship to Student

Email Address (Required for communication from school)

Home Phone

Mobile Phone

Work Phone

Employer

Occupation

Name and city of church you attend

Name of your pastor

MOTHER/GUARDIAN INFORMATION

Name

Address (Street Address/PO Box #, City, State Zip)

Marital Status

Relationship to Student

Email Address (Required for communication from school)

Home Phone

Mobile Phone

Work Phone

Employer

Occupation

Name and city of church you attend

Name of your pastor

OTHER STUDENT INFORMATION

Physician

Phone

Hospital Preference

Dentist

Insurance Company

Policy Number

List Known allergies, food restrictions, physical, emotional or behavioral disorders: _____

List all regularly administered medications: _____

OTHER STUDENT INFORMATION

Emergency Contacts (if parents/guardians are unavailable)

Name	Relationship	Home Phone	Work or Mobile Phone
Name	Relationship	Home Phone	Work or Mobile Phone
Name	Relationship	Home Phone	Work or Mobile Phone

PLEASE READ CAREFULLY.

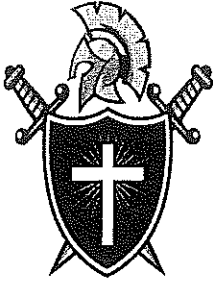
Place your initials beside each policy. Both sets of initials required.

Father/Guardian	Mother/Guardian	Policy
		1. Should my child not respond favorably to the school for any reason, I will not try to change the school to fit my needs, but agree to quietly withdraw.
		2. VisionWay Christian School reserves the right of dismissal of any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of the school or is engaged in behavior or lifestyle inconsistent with Biblical guidelines as prescribed by VisionWay Christian School. I understand my or my child's failure to comply with school policies will result in my child's dismissal.
		3. I agree to make every effort to attend scheduled Parent-Teacher Conferences.
		4. The school will not administer over-the-counter medications or prescription drugs to students without a parent's signature on the medication permission slip (available in the school office). All medications must be in original container with child's name and directions for administering drug clearly labeled. In the event of a medical emergency, I give permission for my child to receive first aid from a school employee and/or treatment as required by a physician.
		5. I have read and agree to comply with the Tuition Contract. I also agree to comply with any payment penalties contained therein. School records and report cards may be held for unpaid balances.
		6. VisionWay has full discretion in the grade placement and promotion of my child.
		7. Promotional advertisements are used by VisionWay Christian School. I understand and agree that my child may be used for such advertisements and that VisionWay Christian School is released from all liabilities.

Release of Personal Contact Information:

		Yes, I give consent to give out my phone number, email and address to other VCS parents.
		No, I DO NOT give consent to give out my phone number, email and address to other VCS parents.

VISIONWAY CHRISTIAN SCHOOL PRESCHOOL TUITION CONTRACT



Student Name: _____ Grade: _____ Date Received: _____

The following policies are set forth by the VisionWay Christian School Board. If other arrangements need to be made, they must be submitted in writing and sent to the VCS Administrator. The school board will respond within 30 days. You will then be notified by the Administrator of their response.

- * VisionWay students will not be allowed to attend class if tuition becomes past due by more than 30 days.
- * Registration Fees are non-refundable and due at time of enrollment and re-enrollment.
- * A student will not be allowed to return to VCS if there are any financial obligations remaining from the previous school year.
- * Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, school closings due to inclement weather, scheduled days closed for holidays, teacher workdays, etc.
- * Before or after school care are optional services; therefore, each service has a separate charge and is not included in your tuition payment.
- * A fee of \$25.00 will be charged to your account for returned checks or drafts made payable to VCS.

The payment plans offered for the 2024-2025 school year for tuition are as follows:

Plan I - Single payment for the entire year's tuition is due by August 1, 2024

Plan II - 10-Month Payment Plan - This plan allows budgeting of school tuition over 10 months beginning August 2024 and ending May 2025. Each month's payment is due by the 1st of each month, with a \$25.00 late fee applied after the 10th of each month.

I choose the following tuition payment plan:

- Plan I - Full Payment
- Plan II - 10 Payments Plan

PLEASE SIGN and RETURN TO THE SCHOOL OFFICE. BOTH SIGNATURES REQUIRED.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH ITS PROVISIONS AND ACCEPT RESPONSIBILITY FOR MY CHILD'S FINANCIAL ACCOUNT. I ALSO UNDERSTAND THAT ALL FEES THAT HAVE BEEN PAID ARE NON-REFUNDABLE. IF TUITION PAYMENTS ARE SHARED BY DIVORCED OR SEPARATED PARENTS, BOTH SIGNATURES ARE REQUIRED.

Father/Guardian Printed Name

Mother/Guardian Printed Name

Father/Guardian Signature & Date

Mother/Guardian Signature & Date