



610 W Alto Road • Kokomo, IN 46902 • 765-453-9768

Application for Enrollment

Day School

Homeschool

Student's Legal Name: _____ Date of Birth: _____

Last School Attended: _____ Last Grade Completed: _____

School Address: _____

School Phone Number: _____

Parents/Guardians: _____

Father's Address: _____

Father's Phone: _____ Email: _____

Mother's Address: _____

Mother's Phone: _____ Email: _____

Emergency Contacts: _____

Who may pick up your student from school? _____

Name and address of person responsible for tuition payments if different from above:

I have read and will abide by the regulations and guidelines stated in the VCA Handbook. I understand that failure to abide by the Handbook may result in my student(s) being withdrawn from VCA. I agree it is a privilege, not a right, to enroll my child in VCA.

Parent Signature _____ Date _____

Parent Signature _____ Date _____