

# Victory Baptist Academy Registration

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## Registration Checklist

\_\_\_ Application for Admission

\_\_\_ Copy of Birth Certificate

\_\_\_ Transcripts from previous educational institutions

\_\_\_ Current Immunization Record

\_\_\_ Medical History

\_\_\_ Student pickup list

Victory Baptist Academy | 1800 E. Archer Rd | Baytown, TX 77521

To whom it may concern:

The following student has applied for enrollment at Victory Baptist Academy.

\_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please send a copy of the following records:

1. Withdrawal grades/report card
2. Complete high school transcript (if applicable)
3. Health records
4. Attendance records
5. Test scores with grading systems
6. Discipline records

Please mail or email to:

Victory Baptist Academy

1800 E Archer Rd

Baytown, TX 77521

vbabaytown@comcast.net

Thank you,

VBA administration

Former school: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Grades attended: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical History/ Release Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Please list any allergies the student might have including food, drug or insect.

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Please list any medications taken daily \_\_\_\_\_

Please list any pertinent information regarding illnesses, surgeries, or chronic conditions.

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Family Physician/Pediatrician \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorize Victory Baptist Academy personnel to administer the following to my child as needed  
(please circle)

Tylenol    Ibuprofen    Cough drops    Benadryl    Other/ directions: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Any other medication will only be administered with expressed parental permission.

Any additional medications from home must be turned in at the beginning of the day to be administered by school personnel in accordance with parental permission.

## Student Pick Up List

Please list all individuals (including parents/guardians) who will be picking up or dropping off your child/children.

(Student's Name) \_\_\_\_\_ may be dropped off or picked up from school by the following adults.

Name/Relation	Address	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if an individual's name does not appear on the above list, my child will not be released from school. Also please be prepared to show your driver's license.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_