



VICTORY ACADEMY OF LEARNING

CHRIST-CENTERED PRESCHOOL & PRIMARY SCHOOL

2023-2024 ADMISSIONS PACKAGE

#2, Park View Crescent, Beaulieu Gardens, Trincity
Trinidad, W.I. Telephone: 868-221-2780
Email: info@valtt.org



Victory Academy of Learning

As a parent, choosing a school for your child is one of the most important decisions you will make. It's important that you have all of your questions answered and that's why we ask parents who are interested in Victory Academy of Learning to make an appointment with our Admissions Department. It's the perfect opportunity to learn more about the school and about the factors that set us apart, including our passionate staff and our rich Victory Academy of Learning community.

Be sure to also attend one of our scheduled information sessions. It will give you a chance to meet with teachers and existing parents, as well as learn more about the Victory Academy of Learning philosophy and specific program details.

Applying to Victory Academy of Learning

If you have decided that Victory Academy of Learning is right for your child, please call the Administrative Office to schedule an appointment.

When coming to your appointment, please bring:

- Completed Forms (included in this package);
- The original and 1 copy of your child's Birth Certificate and Immunization card;
- Child's photo (2 passport size);
- Copy of Parent or Guardian's I.D.
- \$200** Assessment Fee

All admission decisions are made by Administration, based on an evaluation of the child, previous school records and current class sizes.

Once the interview portion of the application process is complete, you will be contacted within 5-7 days regarding our admission decision.

If a position is offered to your child, a non-refundable registration fee of \$500.00 and a non-refundable commitment fee of \$1000 will be due.

If you have any questions, please don't hesitate to contact us. We would be happy to answer any questions you might have.



REGISTRATION FORM

Student Information

Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female
Day Month Year

Nationality: _____ Religion: _____

Address: _____

Desired Class: _____ Previous/Current Class: _____

Previous School: _____

School's Address: _____

Is your child currently attending special classes such as dance, music, language, etc. or have certificates in these areas? If yes, please list here:

Parent/Guardian Information

Mother's Name: _____

Address: _____

Occupation: _____ Place of Employment: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Father's Name: _____

Address: _____

Occupation: _____ Place of Employment: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____



Number of children in the family: _____

Please state their names and ages:

Name: _____ Age: _____

Name: _____ Age: _____

Emergency Information

In case of emergency, please contact (*other than parents*):

Name: _____ Relationship: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Pick-up Information

Please list the names and vehicle plate numbers for the individuals who are authorized to pick up your child.

1. Name: _____ Relationship: _____

Plate #: _____ Tel. #: _____

2. Name: _____ Relationship: _____

Plate #: _____ Tel. #: _____

3. Name: _____ Relationship: _____

Plate #: _____ Tel. #: _____

Name of Parent/Guardian

Signature

Date



HEALTH FORM

Personal Information

Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female
Day Month Year

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Father's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Medical Information

Child's Physician: _____

Address: _____ Tel.: _____

Does your child have a medical condition that may affect his/her school day?

Yes No Explain: _____

Complete all boxes that apply to your child:

Allergy

Food List Food(s): _____

Medication List Medicine(s): _____

Bee Sting

Other: _____

Asthma: _____

Vision/Hearing Problems: _____

Other Medical Condition: _____

Has your child had any recent illness? Yes No, Details: _____

Signature of Parent/Guardian

Date



PARENT QUESTIONNAIRE

Please answer on the lines provided below. Thank you!

1. How did you hear about Victory Academy of Learning?
Friend Family Website Social Media Other: _____

2. Why have you selected Victory Academy for your child's education?

3. What activities does your child enjoy outside of school?

4. What are your child's favourite subjects in school?
Mathematics Spelling Creative Writing Comprehension
Social Studies Science Performing Art Visual Arts
Other: _____

5. Please explain your philosophy for discipline at home:

6. What is your current occupation and place of employment?
Mother: _____
Father: _____

7. How long have you held this role?
Mother: _____
Father: _____



8. Briefly outline your responsibilities at your place of employment.

Mother: _____

Father: _____

9. Who will be responsible for the tuition payment for your child? If not yourself, please state the individual's relationship to your child.

10. Do you have any other children or dependents for which you are currently paying tuition? If yes, please state their school.

11. Do you foresee any challenges to paying your child's tuition before the school term?

12. Would your family be able to volunteer this school year with events and activities? If so, please state in what capacity.

13. Please state any area of expertise that you can use to assist Victory Academy of Learning in achieving our vision:

