



Victory Ridge Academy Student Application

Thank you for your interest in Victory Ridge Academy. Our application process is as follows:

1. Submit this form with your child's IEP/IFSP.
2. VRA will contact you to schedule a screening appointment.
3. VRA will contact you regarding your child's acceptance.
4. You will receive updates about your child's acceptance or waiting list status.

Date: _____

Student's Full Name: _____

DOB: _____ Sex: F M

Ethnicity: White Black Hispanic other Home Language: _____

Parent/Guardian's name: _____

Parent/Guardian's name: _____

Address: _____ City: _____ Zip: _____

Preferred Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Last school attended: _____ State: _____ County: _____

17-18 Grade: _____ Siblings who currently attend VRA: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Therapies needed (circle all that apply):

Speech Language Occupational Physical Behavioral

Medical/Nursing Services needed (if applicable) (circle all that apply):

G-tube O₂ Tracheotomy Seizures Diabetes Other: _____

How did you hear about VRA? (circle all that apply):

Social Worker Doctor/Pediatrician Social Media VRA Website

Another School: _____ Other: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Parent Notified: _____

Transportation Verified: _____ Classroom Assigned: _____

Screened: _____ IEP: _____

Committee Reviewed: _____ Student Start Date: _____