



VCS and Southern Dreams

Second Chance Life Guard Program
Application for Admission
P.O. Box 821074 • Vicksburg, MS 39182 • Tele: (601) 883-0570
P.O. Box 925 Port Gibson, MS 39150 Tele: (601) 618-3728

Date _____ School Year 2010-2011

STUDENT INFORMATION Application Due

Name _____

First

Middle

Last

DOB _____ SSN _____

School Previously Attended _____

Previous Grade _____

Address of School Previously Attended _____

Did the above student pass all required coursework for graduation? ___ Yes ___ No

Did the above student pass state exam? ___ Yes ___ No If no, what part of the state
Exam did the student not pass? _____

PARENT INFORMATION

Name _____ Home Phone _____

Parent's Email address: _____

Student's Email address: _____

Home Address _____

City _____ State _____ Zip _____

ADDRESS FOR THE HIGH SCHOOL DIPLOMA TO BE SENT:

Address _____

City _____ State _____ Zip _____

COLLEGE TO SEND OFFICIAL TRANSCRIPT

Name of College _____

Mailing Address _____

City _____ State _____ Zip _____

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Contract of Enrollment 2010-2011

The parties to this contract are Vicksburg Community School, hereinafter referred to as SCHOOL, and the parents (unless one has sole legal custody) and/or the legal guardian(s) of the student(s) named below, hereafter referred to as PARENTS.

The parties hereto agree that this contract shall not be effective until payment by PARENTS of all fees required at the time of Application for admission of the student(s) named below and the acceptance for admission by the Board of Directors of SCHOOL.

PARENTS declare that all the information provided in the Application for admission is true and correct to the best of their knowledge and acknowledge that any false or misleading information gives SCHOOL grounds for terminating this contract. The parties hereto agree that this contract includes all the information, schedules, and provisions contained in the complete Application for admission, which is incorporated herein by reference and made a part hereof in its entirety.

In making application for the student, PARENTS express the desire to have him or her to be admitted into the VCS Second Chance Life Guard Program at said School. PARENTS assume responsibility for all financial and service obligations of the student to the school for program and graduation fees to be paid in full. PARENTS agree to pay the \$400.00 program fee per student and \$50.00 for the graduation fee. All fees are non-refundable. **PARENTS understand that \$50.00 will be charged for returned checks.** The School reserves the right not to accept checks. **Parents understand student records will not be sent until the account is paid in full, all high school credits have been verified, and paperwork has been processed.**

STUDENTS accounts which are not clear will not be allowed to participate in graduation exercises or obtain transcripts. In the event that PARENTS become delinquent in payments, the student(s) named below will be subject to dismissal from the program. If arrangements are not made within a reasonable time or if made PARENTS do not comply with arrangements, PARENTS will be considered in default and in addition to dismissal from program for the student(s) named below, all past due amounts and late fees will become immediately due and payable. In the event of default, SCHOOL will institute collection proceedings against PARENTS and PARENTS will be subject to payment of reasonable attorney's fees, court costs, and all other associated costs with the collection of the amount due.

PARENTS understand that each student(s) must submit an official high school transcript, along with a copy of birth certificate, social security card, and immunizations. The cumulative records including testing will be requested from previous school. PARENT understand and give consent that this is an enrollment processes for said student and by entering the program the student will be official enrolled and graduate from said SCHOOL.

The parties hereto acknowledge that this contract of enrollment and the references incorporated herein constitute the full agreement between parties and that the parties are bound by this contract for the above indicated school year. The undersigned parties agree and acknowledge this contract has been read and considered the foregoing terms and that PARENTS fully understand and agree to said terms.

<u>Name of Student</u>	<u>Grade</u>	<u>Parent/Guardian Signature</u>	<u>Date</u>
_____	_____	_____	_____

Accepted by: _____